

Livewell Southwest

Physical Intervention Policy

Version No. 2.2

Notice to staff using a paper copy of this Policy

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Reader Information

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Associated documentation	<p>This policy should be read in conjunction with the following, but are linked to all LSW approved documentation contained on Intranet:</p> <ul style="list-style-type: none"> • Risk Management Strategy • Serious Untoward Incident Policy • Health and Safety Policies • Handling and Resolution of

	<p>Complaints Policy</p> <ul style="list-style-type: none"> • Being Open Policy • Lone Working Policy • Inoculation Policy • Violence & Aggression Management Policy • Security Policy • Adult Protection / Safeguarding Adults Multi-Agency Policy & Procedure • Safeguarding Children • Medical Devices Management • Implementation of Learning from High Level Enquiries Policy • Searching Property or Person Policy • Rapid Tranquillisation for use in Children and Young People Aged 12-18 years • Rapid Tranquillisation Policy • Resuscitation Policy • Seclusion Policy • Clinical Risk Assessment & Management Best Practice Policy • Locked door policy • Consent to treatment • Interpretation and Translation Guidelines • Mental Capacity Act Policy <p>And in conjunction with PI training, Conflict Resolution training, Mental Capacity Act training and safeguarding training syllabuses</p>
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Physical Intervention Policy

1 Introduction

- 1.1 Livewell Southwest is committed to ensuring the physical safety of patients, staff, carers and visitors. There will be occasions when it is lawful and necessary for LSW employees, who often work with patients that present with violent and aggressive behaviour, to use physical intervention skills to protect themselves, the patient and others from imminent danger which an individual may or cannot consent to – these are now defined as restrictive interventions. Therefore, it is essential that such interventions conducted in accordance with best practice for that service user group, i.e. children, adults, older persons; those with a clinical condition, brain injuries, pregnant women, or in response to appropriate prescribed treatment.
- 1.2 Restrictive interventions as defined by the Department of Health (DoH) “Reducing the Need for Restrictive Interventions” 2014 as *“deliberate acts on the part of other person(s) that restrict and individual’s movement, liberty and or freedom to act independently in order to:*
- *Take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is taken; and*
 - *End or reduce significantly the danger to the person or others; and*
 - *Contain or limit the person’s freedom for no longer than necessary.”*
- 1.3 This policy outlines the framework from which service managers will develop local procedures pertinent to their service user group.

2 Purpose

- 2.1 The Policy aims to ensure that staff and service users are provided with an environment that is safe and secure. It has been developed in line with health and safety legislation and takes into account of the Department of Health guidance *“Positive and Proactive Care: reducing the need for restrictive interventions”* (DoH, 2014).
- 2.2 Implementation of this policy will help services to address important outcomes for patients – choice, rights, independence and inclusion, with LSW’s goal:
- a) to reduce the need for PI and the use of restraint in particular;
 - b) to reduce risk when such interventions are necessary through effective training, guidance and supervision.

- 2.3 This policy is not intended to be a comprehensive manual covering all methods of managing violence; it is intended to outline a set of key principles that must be adhered to when caring for patients with violent and aggressive behaviour. It should be read in conjunction with the Violence and Aggression Management Policy.
- 2.4 This policy applies to all LSW employees, however, there are specific provisions relating to training and competency for each service area. For staff that are not employed by LSW the policy still applies and all staff should be appropriately trained for the area they are working in.

3 Definitions

- 3.1 **Restrictive Intervention** – see introduction to guidance – this is an overall term used to describe a variety of interventions which are seen as restrictive. Physical interventions / holding are such techniques.
- 3.2 **Physical Intervention (PI)** - Physical Intervention is the co-ordinated use of specific patient holding techniques, to manage violent and aggressive behaviour in patients who are at risk of causing injury or harm to themselves, other patients or staff. Over time, the term “restraint” has acquired a number of negative connotations. It is also a term that is closely linked with a particular kind of approach to the management of aggressive and violent behaviour – “control and restraint” (or C&R).
- 3.3 **Breakaway** is a set of physical technique used by an individual to limit injury and/or to escape from a potentially risky situation. Breakaway techniques may also be used to de-escalate a situation where a patient maybe confused or frightened.
- 3.4 **Challenging Behaviour** (NHS Protect 2014 – Reducing Distress) refers to any non-verbal, verbal or physical behaviour by a patient which makes it difficult to perform clinical tasks and/or poses a safety risk. It can describe actions, but can also include non-compliance, particularly if staff need to intervene to deliver treatment or care.
- 3.5 **Restrictive Physical Intervention** describes a use of force to limit the movement and freedom of an individual and can involve bodily contact, mechanical devices, chemical restraint (e.g. the use of medication to alter or change a person’s behaviour) or changes to a person’s environment. Such interventions can be:

Highly Restrictive, i.e. severely limit the movement and freedom of an individual.

Low Level Restrictive, i.e. limit or contain the movement and freedom of an individual who is less resistant with low levels of force.

- 3.6 Non-Restrictive Physical Intervention** allows a greater degree of freedom where the individual can move away from the physical intervention if they wish to. This would include prompting and guiding an individual to assist them walking, also defensive interventions such as disengagement for protecting oneself or others from assault.
- 3.7 Least Forceful Aversive Intervention** describes the physical intervention with the least force and potential to cause injury in achieving the given objective.
- 3.8 Children and Young People** – throughout this policy document references are made to “children and young people”; these terms are interchangeable and refer to children who have not yet reached their 18th birthday.
- 3.9 Adult** – patients aged 18 to 65.
- 3.10 Older Person** – patients aged 65 years and over.
- 3.11 Vulnerable Adult** – is a person ‘who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’ (‘No Secrets’ – Section 2.3). The term ‘community care services’ includes all social and health care services provided in any setting or context. (See ‘No Secrets’ – Section 2.4).
- 3.12 Vulnerable Child** - children under the age of 18 years are protected by the Children Act 1989 and other relevant legislation and guidance (i.e. Protection of Children Act 1999, Care Standards Act 2000).
- 3.13 Containment** – the action of keeping something harmful under control (English Oxford Dictionary). This is the physical restraint which prevents the service user leaving, harming themselves (or others), or causing serious damage to property (Royal College of Nursing, 2003).
- 3.14 Holding** – immobilisation, which may be by splinting or by using limited force. Distinguished from restraint by the degree of force required and the intention (Royal College of Nursing, 2003).

4 Duties

- 4.1** The **Chief Executive** has overall accountability for the implementation of this policy.
- 4.2** The **Director of Professional Practice, Safety and Quality** is accountable for ensuring Board Level Accountability for all practices and in addition:

- i) this policy is approved and disseminated in accordance with the Policy & Procedural Document Framework;
- ii) identifying the need for any change to the document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional standards and local/national directives;
- iii) the necessary training required to implement this document is identified and resourced;

4.3 **Matron / Locality Managers / Team Managers** are responsible for:

- i) ensuring that staff have access to and comply with this policy document in relation to the use of appropriate PI procedures to prevent self-harm, harm to others and destruction of LSW property;
- ii) notifying the Director of Professional Practice Safety and Quality should any revision to this policy be required;
- iii) reviewing each incident of PI in order to learn lessons and improve practice, feeding back reviews where appropriate;
- iv) carefully considering the impact of resource management on the use of PI;
- v) ensuring that staff who are not capable of PI techniques are assessed and appropriate precautions taken (this may include temporary or permanent redeployment from work areas where the risk is assessed as high). Refer to section 9 for further guidance;

4.4 **All Staff** employed by LSW, who are required to carry out PI techniques are responsible for:

- i) identifying and attending booked training, as well as informing their line manager if they are unable to undertake PI or do not attend training.
- ii) ensuring that the use of any PI is clearly documented within the patient's care plans and appropriate monitoring forms;
- iii) ensuring that, anytime that a physical intervention is used (where hands are placed on a patient), it is clearly and comprehensively reported on an incident form in line with LSW's Incident Reporting & Investigation Policy; and in the patient's electronic / health records giving the rationale for the physical intervention;

- 4.5 **Physical Intervention Instructors** will develop the training based on best available evidence, contemporary practice and consistent with General Services Association and NHS Protect directives and guidance. All instructors will attend annual update training in order to ensure that they keep up to date with best practice and legislative requirements.

5 Proactive Management of Violent and Aggressive Behaviour

5.1 Core Principles

- 5.1.1 PI is the coordinated use of specific patient holding techniques, carried out by a minimum recommended number of staff dependent on the technique applied in order to manage violent and aggressive behaviour in patients who are at risk of causing injury or harm to themselves, other patients or staff. Physical Interventions should never be used as part of a therapeutic programme of care, as they are an emergency response. PI should only be used by staff who have attended and been deemed competent at LSW approved training. Staff must ensure that they keep their training up to date to ensure that they are always in date with their competency.
- 5.1.2 PI must only be used as a last resort and when all other measures (including de-escalation) have been unsuccessful and the situation is deteriorating.
- 5.1.3 Of equal importance is staff safety and ensuring the best interests of patients, when considering managing risk; and both take priority over the care of property which can be replaced. Other sanctions can be implemented for the prevention of property destruction which may be less risky.
- 5.1.4 The PI selected must be justifiable, appropriate, reasonable and proportionate to the specific situation and applied for the minimum possible time. It should take into account the patient's physical disabilities / frailties and physical health problems.
- 5.1.5 It is important that patients who have the potential to be violent or exhibit aggressive behaviour are not treated less favourably on the basis of culture, gender, diagnosis, sexual orientation, disability, ethnicity, religious or spiritual beliefs.
- 5.1.6 All staff present at the time of an incident must agree to the need to implement the planned intervention at that time. Any dissent in the decision making process should be recorded and should be addressed within the later debrief.
- 5.1.7 All staff involved in PI should be clear regarding their role within the team, including the techniques to be used for example restraint to seated position / beanbag.
- 5.1.8 If it is not practicable or safe to move away, or to use breakaway techniques, and a "hold" is used, there should be a clear plan of the desired outcome. All involved

should know whether the plan is:

- a) to hold a person while others are moved to safety and then breakaway, or
- b) to hold a person in order to immobilise the person, i.e. to administer PRN medication, or
- c) To hold a person in order to move the person to a safer place.

5.1.9 Consideration must be given to the overall context of care; therefore staff must take into account the detrimental effect the use of PI may have to all involved, and have the ability to respond appropriately.

5.2 Risk Assessment

5.2.1 All patients under the care of LSW must be risk assessed in line with the Care Programme Approach (CPA) & Standard Care Policy and other inpatient ward assessments upon admission. This must include assessment with regard to the patient's potential for aggressive and violent behaviour. Advance directives must also be discussed with patients if the need arises on managing aggression and preference on restraint.

5.2.2 Aggressive or violent behavior is not always predictable although certain factors can indicate an increased risk and must be considered when completing a risk assessment, such as:

- a) history of aggressive / violent behaviour.
- b) history of substance or alcohol abuse.
- c) carers reporting previous anger or violent behaviour.
- d) previous expression of intent to harm others.
- e) previous dangerous and impulsive acts.
- f) denial of established previous dangerous and impulsive acts.
- g) severity of previous acts.
- h) evidence of recent severe stress.
- i) known personal trigger and situational factors.
- j) previous use of weapons.
- k) verbal threat of violence.

5.2.3 Clinical variables should also be taken into account when assessing risk:

- a) misuse of substances and / or alcohol.
- b) drug effects (disinhibition, akathisia).
- c) active symptoms of schizophrenia or mania in particular:
 - delusions or hallucinations focused on a particular person.
 - command hallucinations.

- pre-occupation with violent fantasy.
- delusions of control (especially with a violent theme).
- d) poor collaboration with suggested treatments.
- e) antisocial, explosive or impulsivity personality traits or disorder.
- f) organic dysfunction.
- g) brain injury.

5.2.4 Situational variables should be taken into account when assessing the risk of aggressive or violent behaviour, including the following features:

- a) extent of social support.
- b) immediate availability of a potential weapon.
- c) relationship to the potential victim (i.e. difficulties in the relationship are known).
- d) access to potential victim.
- e) limit setting (e.g. staff members setting parameters for activities, choices, etc.).

5.2.5 The risk assessment process will include a structured and sensitive interview with the service user and, where appropriate, carers, relatives or advocates. In the case of young people, the parent or person with parental responsibility or social worker should be present.

5.2.6 Any physical condition that may increase the risk of collapse or injury during physical intervention must be clearly documented in risk assessment and care plan, and communicated; this may include (teams are advised to contact the PI Instructors for specific advise):

- a) problems with cardio pulmonary function.
- b) muscle and joint impairment (e.g. arthritis).
- c) asthma.
- d) heart disease.
- e) obesity.
- f) pregnancy.
- g) substance misuse.
- h) Downs syndrome.
- i) learning disability.
- j) exposure to CS spray / gas.
- k) physical frailty.

5.2.7 If it is foreseeable that the service user may need PI, the risk assessment must show that the risk of employing the intervention is lower than the risk of not doing so. This should involve the named nurse and MDT. Rationale for all decisions made should be clearly documented within the health records.

5.2.8 The components of risk are dynamic and may change according to circumstance, the risk assessment must be reviewed after each episode of violent or aggressive

behaviour and documented within the electronic / health record.

5.3 Care Planning

- 5.3.1 It is an essential first step in care planning to understand the reason behind the patient's behaviour. The patient's needs and social history must be assessed in order to establish what sort of therapeutic behaviour management might help them.
- 5.3.2 All patients, and where possible family members, advocates, carers - **must** be fully involved in their care. Listening to the patient's views and taking them seriously is regarded as an important factor in managing aggressive and violent behaviour. This will clearly state what intervention they would and would not wish to receive.
- 5.3.3 Clear and effective communication is essential when developing a care plan. It is of even greater importance if the service user has a hearing, visual or cognitive impairment, or whose first language is not English. When necessary, staff must access interpreters or staff with other specific communication skills, such as Speech and Language Therapists. All available resources should be utilised to ensure effective collaboration between patients, carers/advocates and staff. Staff should make use of available resources – Interpretation and Translation Policy available on the intranet.
- 5.3.4 Care plans will describe the specific techniques that have been discussed with and agreed by the patient, and / or the carer / advocate and the multi-disciplinary team and should include:
- a) Strategies that prevent behaviours that precipitate violence and aggression;
 - b) Strategies for de-escalation and recovery;
 - c) Explicit explanation as to what circumstances PI may be used.
 - d) Rationale for decisions made including reasons for / against a decision.
- 5.3.5 A copy of the care plan must be given to the patient, if this is not appropriate, its content must be communicated to them by whatever means necessary in order to aid their understanding. In instances where a patient has a cognitive impairment, care plans should be discussed and agreed with the patient's relatives / advocate. This will ensure that the patient or the relative / advocate are aware of how aggressive or violent incidents will be managed by the care team.
- 5.3.6 LSW acknowledges that there may be occasions when unplanned or emergency physical intervention may be necessary when a patient acts in an unexpected way. In such circumstances, staff retain their duty of care to the service user and any response must be proportionate to the circumstances. Staff must use the minimum of force necessary to prevent injury and maintain safety; it must be consistent with the approved training they have received.

5.4 Prevention

- 5.4.1 It is important that staff recognise the early stages of a patient's sequence of behaviour that is likely to develop into violence or aggression; at this stage it may be possible to diffuse a potentially violent situation using de-escalation techniques.

5.5 Use of Medication

- 5.5.1 It may be appropriate to consider offering the patient medication, including their regularly prescribed or "as required" - "PRN" medication. (The policy on the Safe Handling of Medication must be adhered to).
- 5.5.2 The PI team should consist of a minimum of four staff trained in physical intervention to ensure the patient is restrained appropriately prior to administering medication. The level of staff required must be decided following risk assessment.
- 5.5.3 Whenever rapid tranquillisation medications have been given, the vital signs of the patient must be taken and recorded. The patient must never be left unattended, unless it is clinically preferable to leave the patient.

5.6 Equipment

- 5.6.1 Equipment - A crash bag must be immediately available in environments where physical intervention techniques may be applied, this equipment should include: external defibrillator, a bag valve mask, oxygen, canulae, fluids, suction and first-line resuscitation medications. All equipment must be maintained and checked daily (see resuscitation policy). The rapid tranquilisation policy must be followed if rapid tranquilisation medication is administered.

5.6.2 Beanbags

- Beanbags must only be used for the purpose of a restraint.
- As with any other restraint, beanbag restraint must only be used as a last resort when all other options have failed and de-escalation has not been successful.
- Patients must never be left alone in the beanbag.
- Where the patient is not able to support him/herself getting out of the beanbag, staff must consider using the CAMEL or a Hoist to assist the patient as per Manual Handling Policy.
- Patients must never be restrained face down (prone position) on a beanbag.
- Staff must ensure the patient is **not** in a position which restricts breathing, such as leaning forward.
- Beanbag restraint must only be used by staff that have been deemed competent by passing a GSA Physical Intervention Course attended with LSW.
- Beanbags must be cleaned after every use with detergent wipes.

- Beanbags must be checked daily as with other Personal Protective Equipment. Staff must ensure the beanbag has enough filling (beans) inside to ensure the patient is well supported off of the floor. Staff must also check the seams and zips to ensure there is no damage or holes.
- Beanbags must be stored in a room/area that is used for de-escalation and away from the main areas of the wards such as the lounge area.

5.7 Young People (Plym Bridge House, Tier 4 CAMHS, CDP, Plym Neuro Rehabilitation Unit)

5.7.1 All staff working within CAMHS will receive training in breakaway techniques, conflict resolution, basic life support and PI techniques appropriate for young people aged 12-18yrs.

5.7.2 Staff working with children under 12 will receive individualised training relevant to the child's holistic needs.

5.7.3 Staff should only use physical interventions on a child when it is the only practicable means of securing the welfare of the child and there are exceptional circumstances - staff should reasonably believe that:

- the young person will cause physical harm to themselves or others;
- the young person will run away and will put themselves or others at serious risk;
- the child will cause significant damage which is likely to have a serious emotional effect or create physical danger.

5.7.4 If there is a potential risk that a young person may need to be restrained, the care plan must be specific about the restraint techniques to be used and under what circumstances. The young person, parent or person with parental responsibility, social worker and a member of the Child and Adolescent Mental Health Team should contribute to the care planning process, and agree the proposed management strategies in line with local operational policies.

5.7.5 It is important that staff consider the following factors when completing a risk assessment for young people less than 18 years:

- age and build of the person.
- emotional and Intellectual development.
- history of abuse.

5.7.6 Young people should always be involved and kept as fully informed, just as an adult would be, and should receive clear and detailed information concerning their care and treatment and in devising the careplan. It should be explained in a way they can understand and in a format that is appropriate to their age.

- 5.7.7 Consent must be obtained from the young person, and their parent or the person with parental responsibility must be consulted regarding any situation that **is not** a real emergency. Advice should be sought from Child and Adolescent Mental Health Services if there is doubt as to the young person's capacity to make decisions.
- 5.7.8 The professional practice of staff in such situations needs to be clearly understood by all staff, young people and their parents / carers. Parents / carers must be informed at the earliest opportunity and provided with a full update regularly for continued incidents.
- 5.7.9 Where PI techniques are used all actions taken must be fully recorded within the young person's clinical records and ensure that it is clearly and comprehensively reported on an incident form in line with LSW's Incident Reporting & Investigation Policy.
- 5.7.10 Staff should be mindful of the fact that close physical proximity to young people who are highly agitated state can make the situation worse and increase the level of risk. All staff should seek to promote an atmosphere of calm, consistency and order so that young people and staff feel secure.
- 5.7.11 When the safe environment of Plym Bridge House is challenged by violent or dangerous behaviour of a young person, staff need to achieve a prompt and safe resolution of the situation as a minimum goal.

6 Levels of Intervention

This policy gives guidance as to appropriate numbers of staff to carry out an intervention – however all staff should be mindful if the situation escalates e.g. from seated position to the floor then more staff will be needed to effectively and safely manage the situation. Areas should not therefore plan to “only” restrain in a seated position.

6.1 Physical Intervention to safely manage a patient on the floor

Four PI trained staff are required in order to undertake an intervention where a patient is to be safely managed on the floor. Areas that have been assessed as being at high risk of violent incidents and that regularly apply PI techniques must have four staff who are PI trained on shift at all times. See risk assessment Appendix A. The number of staff may need to be increased dependent on the level of risk identified through continual risk assessment of the patients.

6.2 Walking patients/sitting with patients in restraint

Four PI trained staff are required in order to undertake an intervention where a patient is to be safely managed on the floor, whilst less staff are needed for a seated restraint (minimum of three) there is always the possibility that a situation

may escalate. Any risk assessment for services should consider if the necessary resources are available and whether further PI is considered appropriate to safely manage the situation. A rationale needs to be provided to support clinical judgment and decision making processes.

6.3 De-escalation techniques

- 6.3.1 This relates to all staff but particularly to those working in areas where they will be in contact with patients. This will include reception, hotel services staff, clinicians, medical / dental practitioners, support service staff etc.
- 6.3.2 These are techniques to reduce the level and intensity of a difficult situation. De-escalation means making a risk assessment of the situation and using both verbal and non-verbal communication skills in combination to reduce problems.
- 6.3.3 For some services, the use of a room for de-escalation purposes may be the answer. This is primarily a facility where an aggrieved person may be taken to take time out to discuss their concerns in private or within a healthcare setting for extremely unsettled or disturbed patients, it can be provided within a safe and reduced stimulus environment thereby minimising the risk of significant physical or psychological harm to themselves or others.
- 6.3.4 All staff must receive mandatory **Conflict Resolution** training on a two-yearly.

6.4 Breakaway

- 6.4.1 Breakaway is a physical technique used by an individual to limit injury and/or to escape from someone who is attempting to physically assault a member of staff.
- 6.4.2 All staff who have face to face (or likely to have) patient contact should receive **Breakaway** training, this will be provided on a mandatory two yearly basis.

6.5 Non-Restrictive and Least Forceful Aversive Intervention

- 6.5.1 Staff who have not been trained in formal PI techniques are entitled and, indeed, may have a duty of care to use non-restrictive and least forceful PI to the best of their ability when their safety or the safety of the service user or others is in jeopardy. All members of the Multi Disciplinary Team regardless if they are trained in PI should offer assistance to staff e.g. making sure that the area is clear of other people, reassurance to patients if they find the situation stressful, making sure that the ward remains safe.
- 6.5.2 The use of barriers, such as locked doors, to limit freedom of movement (e.g. placing door catches or bolts beyond the reach of children) is not to be confused with seclusion.

6.5.3 The behaviour of some patients has been documented over long periods of time. For such people complex risk assessments and a full functional analysis will have been completed. Individualised intervention guidelines will have been drafted, and multidisciplinary review arrangements will be in place.

6.6 Restrictive Physical Interventions

6.6.1 Before PI techniques are implemented, it must be ascertained as far as possible, whether or not the individual is in possession of anything that could be used as a weapon. If there is any doubt, police assistance should be considered and efforts should be made to make the environment as safe as possible.

6.6.2 People using the service in the immediate vicinity must be supervised throughout an incident. If there are staff on duty who are not required for the incident, they should remain with patients and others who are not involved in the incident.

6.6.3 Once PI techniques have been initiated, the team involved has a duty of care to the individual and must ensure the restraint is discontinued as soon as the situation is considered to be safe.

6.6.4 The purpose of PI is to take control of a dangerous situation and secondly to limit the patient's freedom for no longer than is necessary to end or reduce significantly the threat to themselves or others. PI must only be used when all other less intrusive methods have been explored and are considered not suitable or have failed.

6.6.5 The Human Rights Act (1998) sets out important principles regarding the protection of individuals from abuse by state organisations or people working for those organisations. It is a criminal offence to use physical force or threaten to use force unless the circumstances give rise to a "lawful excuse" or justification for the use of force.

The Human Rights approach can be accomplished by applying the 5 PANEL principles (participation, accountability, non-discriminatory, empowerment and legality). These could easily be applied when thinking about restrictive practices and behaviours that challenge services.

6.6.6 Adults who may be at risk can be justifiably restrained in some cases in the following circumstances:

- a) displaying behaviour that is putting them at risk of harm;
- b) displaying behaviour that is putting others at risk of harm;
- c) requiring treatment by a legal order (i.e. Mental Health Act);
- d) requiring urgent life saving treatment;
- e) needing to be maintained in secure settings.

6.6.7 The Mental Health Act 1983 Code of Practice (2008) chapter 15 states “any physical interventions use must be:

- a) reasonable, justifiable and proportionate to the risk posed by the service user;
- b) used for only as long as it is absolutely necessary;
- c) involve a recognised technique that does not depend on the deliberate application of pain (the application of pain should only be used for the immediate relief or rescue of staff where nothing else will suffice);
- d) carried out by those who have received appropriate training in the use of restraint techniques.

6.6.8 The Mental Capacity Act (2005) (please also refer to LSW’s Mental Capacity Act Policy) identifies two conditions which must be satisfied in order for protection from liability for restraint to be available:

- a) you must reasonably believe that it is necessary to undertake an action which involves restraint in order to prevent harm to the person lacking capacity;
- b) any restraint must be a proportionate response in terms of both the likelihood and seriousness of the harm, using excessive restraint could leave the practitioner open to a range of civil and criminal penalties.

6.6.9 A number of high profile documents, most recently DoH guidance “Reducing the need for Restrictive Interventions” (2014), have stressed the need for staff to protect a patient’s head and airway during the physical intervention process. The inquests suggest that failure to do so and the application of pressure to certain parts of the body may endanger the life of the service user. Staff must therefore ensure that appropriate staff numbers are available before attempting a full restraint.

6.6.10 Any situation that requires the use of a PI constitutes a medical emergency and must be treated as such. Staff taking part in any physical intervention must be:

- a) able to recognise conditions of physical and respiratory distress;
- b) trained and up to date in basic life support;
- c) aware of emergency equipment and where it is located;
- d) aware of how to summon assistance and secure medical and ambulance support;
- e) understand the requirements of the rapid tranquillisation policy;

6.6.11 In all instances where a PI takes place, there **must** be one team member who is responsible for leading the team through the intervention and protecting and supporting the head and neck. They must ensure that the airway and breathing are not compromised and that the patient’s vital signs are monitored throughout the whole process.

6.6.12 Throughout the situation staff must continue to employ de-escalation techniques, one member of staff must talk and continually explain the reason for the actions to the patient, this is usually the lead person. Physical restraint must be brought to an end at the earliest opportunity.

6.6.13 Under no circumstances should:

- a) pain be inflicted deliberately;
- b) direct pressure be applied to the neck, thorax, abdomen, back or pelvis;
- c) choke or strangle neck holds be used;
- d) seated or kneeling holds be used if the person is bent forward at the waist (hyperflexion);
- e) airways be restricted by obstructing nose or mouth.

6.6.14 It is unsafe for staff to restrain a patient on their own. If you are alone in a difficult situation you must breakaway and summon assistance.

6.6.15 Where possible, staff must remove items of jewellery, name badges, pens and ties prior to any physical intervention. Staff must also adhere to the guidance in both the Uniform Policy and the Dress Code Policy particularly with regard to tying long hair back. This will help to reduce the risk of damage and injury occurring.

6.6.16 Staff not trained in PI techniques still have a duty of care for their patients, and must act in a manner reasonable to the situation and in good faith, bearing in mind the principles within this policy (e.g. the use of reasonable force, duty of care, best interests etc).

7 Procedure

7.1 **Rationale** - Emphasis must always be placed on the recognition and early intervention in incidents of aggression and of the use of de-escalation techniques to achieve a satisfactory outcome for everyone involved.

7.2 **Personal Attack Alarms** - Where alarm systems exist, at the start of each shift, staff trained in physical intervention techniques will be allocated to respond to an alarm call. When the alarm is raised the allocated team must report to the scene of the incident immediately. All staff who have been allocated an alarm must wear them at all times whilst on duty. All staff must also ensure their alarms remain appropriately charged.

Managers must ensure weekly tests are carried out and recorded of the SAS system (to include the SAS detector heads and the SAS alarm fobs). This test must provide assurance that the system is functioning correctly. Any defects must be reported immediately to the LSW Estates Department.

7.3 Implementation of Physical Intervention Techniques

- 7.3.1 In a situation where a staff member finds themselves isolated and at risk, approved breakaway techniques may be used to protect from assault / injury.
- 7.3.2 Where PI is inevitable, an appropriate staff team must be found in accordance with the Risk Assessment Appendix A.
- 7.3.3 Staff should be allocated to inform, calm and reassure witnesses to the event.
- 7.3.4 The appropriate staff team will approach and restrain the individual in accordance with approved PI technique. Staff where possible to try to adhere to the same sex teams if this is not possible the rationale for why this was not possible will be recorded.
- 7.3.5 When/if safe to do so, the individual should be moved to a quieter environment, taking due regard of their privacy and dignity.
- 7.3.6 In circumstances, where the patient has left LSW premises the decision to restrain should be based on clinical risk assessment, if the situation cannot be dealt with safely, staff should seek clinical advice and support, and should consider seeking the assistance of the police.

7.4 Reporting

Clear and accurate recording of all interventions is required to inform the organisation regarding their use, embedding learning and enable planning in how to reduce such interventions.

- 7.4.1 It is important that LSW capture information on all incidents and debriefs requiring PI, so that these may be learnt from. Incident reports will inform the ongoing risk assessment process and may also provided added protection for staff and LSW in any subsequent legal action.
- 7.4.2 All incidents involving PI on patients must be reported in accordance with LSW's Incident Reporting & Investigation Policy and completed within 24 hours of the incident. The incident form **must** detail the following information:
 - a) names of all the people involved;
 - b) age of person involved;
 - c) ethnic origin of people involved;
 - d) reason for using the specific type of restrictive intervention (rather than a less restrictive strategy);
 - e) types of physical intervention used;
 - f) date and duration of intervention;
 - g) whether rapid tranquillisation was administered;

h) whether any injuries were sustained and actions taken.

7.4.3 The Safeguarding Children team should be informed if a child under 18 years has been restrained.

7.4.4 The senior nurse or on-call manager must be informed of the incident as soon as appropriate.

7.5 Monitoring of Physical State

7.5.1 During the entire period of any physical intervention, ongoing clinical observations must be undertaken.

7.5.2 Baseline observations for any non-standing restraint must be taken within an hour of commencement of the restraint.

7.5.3 Additional observations should also be undertaken should clinical opinion dictate.

7.5.4 All observations must be recorded in the service users notes (SystemOne).

7.5.5 If consent and co-operation for these observations is not given from the person subject to the process, then it should be clearly documented in their records (SystemOne Tabbed Journal) why certain checks could not be performed and what alternative actions had been taken. An incident form must also be completed.

7.6 Debriefing Patients and Staff

Please refer to the section in the Violence and Aggression Management Policy for more detail regarding debriefing. Debriefing should also be recorded on the incident form and a record made within the tabbed journal on SystemOne where appropriate.

7.6.1. Following all PI incidents a debrief and review should take place at the earliest opportunity. Every effort should be made to ensure that all members of staff involved in the incident are able to attend. The aim of the debrief should be to evaluate the impact of the intervention, identify needs, determine alternatives, recommend changes, update any care plans - the principle outcome of attempting to avoid future occurrences.

7.6.2 The debrief should not happen while the person is still physiologically aroused, and should be undertaken at an appropriate time following the incident. Staff should acknowledge their emotional response in the incident and express feelings of safety. The agenda for this debrief could include:

- a) Who would you like to be present?
- b) Do you want to talk to anybody else about it (e.g. family member, care manager?)
- c) Do you understand why it happened?
- d) How did it feel for you?
- e) How would you like it to be different?
- f) How could we avoid having to do it again?
- g) What would you like to do or be offered after such an incident, if it happens again?
- h) Ask the patient if they have sustained any injuries during restraint – these should be mapped on body maps and appropriate treatment accessed.
- h) Does the patient wish to make a formal complaint about any aspect of the incident?
- i) Consider whether there is a specific need for emotional support in response to the potential for trauma during any incident.

7.6.3 The outcome of the debrief with the patient will lead to a review of their care plan so that new learning can be incorporated. Debriefing will include a discussion about whether PI is still seen as an appropriate intervention for that individual (i.e. child, adult or older person) and any doubts will be discussed as soon as possible at a multi-disciplinary review.

7.6.4 The manager debriefing staff also has a responsibility to ensure that parents/ relatives/carers are informed about any injuries the individual has sustained and the steps taken in response to these.

8 Training

8.1 LSW recognises that training is the most important and effective tool in promoting and supporting change with regards to the reduction of restrictive interventions. All staff should receive the minimum of breakaway and conflict resolution training. All staff have a responsibility to ensure they are up to date with training and attend training when booked onto courses.

For staff to be deemed competent they must have attended and taken part in PI / Breakaway training.

8.2 A continual programme of training is available at different levels which ensure that all service areas and staff groups receive the appropriate level of training which reflects their respective service user groups.

8.2.1 De-escalation - Conflict Resolution – 2 hours – 2 yearly refresher.

Target Group: Staff (clinical and non-clinical) in outpatient departments, based on risk assessment and training needs analysis.

Support staff on wards to include administrators and Hotel Services

staff.

Non-clinical staff in community teams, based on risk assessment and training needs analysis.

Ancillary staff including porters and Estates staff.

Administrative and clerical reception staff.

8.2.2 **De-escalation – Breakaway – 2 hours – 2 yearly refresher**

Target Group: Nursing staff on wards / community teams.

Medical staff on wards / community teams.

Clinical Psychologists / occupational therapists / other allied health professionals and ancillary staff on wards / community teams.

Clinical staff in the Minor Injury Unit, Mental Health Liaison Services.

Staff who have patient contact.

8.2.3 **Physical Intervention – three-day course - Annual Refresher**

(although staff who complete the update within 15 months will not have to redo the whole course).

Target Group: All psychiatric intensive care unit staff.

All staff designated to be part of the psychiatric emergency teams on Wards.

All staff working on low / medium secure services.

8.2.4 In addition to the above training, staff that take part in any PI must attend the following mandatory courses to support the implementation of this policy:

- a) Basic Life Support – all clinical staff.
- b) Defibrillation training – clinical staff in inpatient service areas.
- c) Equality & Diversity – annual mandatory training.
- d) Cultural Awareness – on demand.

8.2.5 A health questionnaire is completed prior to the start of each course.

9 Staff Who Cannot Undertake Physical Intervention/Breakaway training Due to Health Restrictions or Pregnancy

9.1 Physical Intervention and Breakaway training can be physically demanding and therefore any staff that work within areas where they will be required to undertake such an intervention must be physically able to do so.

9.2 Taking into account an assessment of the current risks within each individual work area and the Risk Assessment for Managing the Health and Safety of New and Expectant Mothers at Work for staff who are pregnant the following will apply:

9.3 As soon the member of staff informs their manager of their pregnancy a risk assessment for managing the health and safety of new and expectant mothers at

work (contained within the Maternity Guidelines) must be completed. Where this identifies that the member of staff works in an area where Physical Intervention is a requirement and where there is high risk of violent incidents steps must be taken to minimise the risk.

The options could include one of the following but this list is not exhaustive:

- (a) Arrange to carry out non nursing activities e.g. audit/project work in a non-patient area. Please note depending on the unit this work may need to be carried out elsewhere.
- (b) Redeploy to an alternative suitable funded vacant post on a temporary basis. This may mean that recruitment to fill the post on a permanent basis would have to be put on hold.
- (c) Arrange a 'job swap' ensuring that the redeployment is appropriate following advice from HR.
- (d) As a last option slot into a supernumerary position. This would be preferable to avoid having to send the person home on full pay.

Before any move takes place a risk assessment must be carried out which identifies any control measures to be implemented. The Locality Manager / Deputy must also be informed.

- 9.4 For staff that due to a health condition deteriorating or a new health condition are unable to undertake Physical Intervention training the following will apply:
- 9.5 If the health condition means that there is a **temporary** restriction on being able to carry out PI techniques we would seek to support a return to work. This would mean trying to secure a **temporary** suitable alternative post. However if this could not be secured the member of staff would be expected to remain on medically certified sick leave until fully fit and able to return to their substantive post. This absence would be managed under the Management of Sickness Absence Policy in conjunction with the manager and Staff Health and Wellbeing. This could include exploring options such as permanent redeployment; ill health retirement (if the employee is a member of the NHS Pension Scheme) or ultimately asking for the contract to be reviewed at a Capability Panel.
- 9.6 If the health condition is **permanent** then the individual would be deemed unfit to undertake their substantive post and we would need to explore the options listed in the above paragraph.
- 9.7 Protection would be as per the organisation's Redeployment Policy.

10 Monitoring Compliance and Effectiveness

- 10.1 Monitoring of all incidents involving PI is essential in order to identify where lessons can be learnt and to prevent the build-up of unsafe practice.
- 10.2 The Manager, person responsible, or nominated person, will monitor each incident, this will include meeting with the service user to ascertain their views and feelings following the incident, appropriate to age and level of understanding. This will be documented and placed on the patient's medical file.
- 10.3 The Manager or person responsible will analyse and collate detail of incidents of physical intervention taking place in their service in order to identify particular patterns involving individual staff, groups of staff and particular patients.
- 10.4 This policy will be subject to review on a bi-annual basis or earlier should any significant issue be identified or learning requires implementing.
- 10.5 LSW will audit compliance to NICE Guidance NG10 (having replaced CG25 in May 2015) Violence and aggression: short term management in mental health, health and community settings, as part of the on-going audit cycle.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety and Quality

Date: 14 May 2015

Physical Intervention Generic Risk Assessments

The following generic assessments address the risks highlighted below:

1. Risk of injury to staff, patients and visitors from patients who may become violent and aggressive and require Physical Intervention.
2. Risk of injury to patient or staff during planned interventions.
3. Risk of litigation from injured parties following injuries sustained during interventions.
4. Risk of inadequate staff numbers in order to appropriately control the risk identified for the unit.
5. Risk of injury to those staff **temporarily** unable to undertake Physical Intervention due to ill health or pregnancy working in a work area assessed as high risk of physical violence and requiring staff to undertake physical intervention.
6. Risk of injury to those staff **permanently** unable to undertake Physical Intervention due to ill health working in a work area assessed as high risk of physical violence and requiring staff to undertake physical intervention.
7. Generic Individual Risk Assessment.

Unit Managers of the following units are responsible for assessing the level of risk of violence and aggression; all assessments must be recorded and reviewed on the Safeguard Risk Register System. Following assessment, those units deemed to be at high risk of violent incidents, require the staff working within them to be physically able and competent to undertake Physical Intervention techniques:

Those units that should complete an individual risk assessment are:

Cotehele
Edgcumbe
Glenbourne
Greenfields
Lee Mill
Plym Bridge House
Syrena
Plym Neuro Rehabilitation Unit

Please note:

Assessments must be subject to ongoing review and update based on current data and evidence available.

Physical Intervention Generic Assessment 1							Appendix A	
Date	Hazard & Associated Risks	CQC	Controls	Likelihood	Consequence	Risk Score	Further Action Required	Date Action(s) Completed
February 2015	<p>Risk of injury to staff, patients and visitors from patients who may become violent and aggressive and require Physical Intervention.</p> <p>Patients admitted to in-patient units can present with varying degrees of violence. Rates of violence may be significantly higher in areas where patients present with acute symptoms of illness or severe and ensuring mental illness.</p>	4	<ol style="list-style-type: none"> 1. All in-patient staff undertake physical intervention training on appointment and they receive annual updates. PI training must be attended on induction and before staff start work on the unit. 2. 4 Physical Intervention trained staff are required in order to undertake an intervention where the patient is to be safely managed on the floor. 3. Staff will attempt to ensure the safety of everybody involved in a violent incident. This could include seeking further assistance e.g. Police / Ambulance 4. Staffing levels are monitored by the nurse in charge to ensure that there are safe ratios of PI trained staff to patients at all times. Consideration must be given to the Care Plans of all patients. 5. Other members of the MDT team who are trained in physical intervention are required to assist with intervention when required. 6. SAS Personal Attack Alarm Systems are installed on all inpatient units, wall mounted panels are visible and accessible and staff must wear a personal alarm at all times. 7. Appropriate staff must be available for all planned interventions. 8. All staff working in contact with patients must be physically fit and able to undertake Physical Intervention and associated training. 9. Advice must be sought from Employee Relations Team for any staff unable to undertake PI. A referral to Staff Health and Wellbeing must be made. 	3	3	9	<ol style="list-style-type: none"> 1. Ensure that all staff are PI trained and attendance at updates do not exceed 12 months 2. Continue to monitor and test the SAS Alarm system and record testing carried out. 3. Ensure that all staff are physically capable of undertaking PI and associated training. Ensure that this requirement is reflected in job descriptions and person specs. 4. In the event of staff shortages request for cover from staff who are trained in Physical Intervention is necessary 	

Physical Intervention Generic Assessment 2

Appendix A

Date	Hazard & Associated Risks	CQC	Controls	Likelihood	Consequence	Risk Score	Further Action Required (Action Plan)	Date Action(s) Completed
February 2015	Risk of injury to patient or staff during planned interventions.	4 &12	<ol style="list-style-type: none"> 1. Planned interventions must only be carried out with appropriate team numbers present. 2. Request can be made from other in-patient areas if assistance is required 3. Staff are taught recognised and approved techniques that are designed to ensure the safety of patients and staff 4. Clear concise records are made when a restraint is undertaken and an incident form completed. 5. Debriefing will take place as per requirements of PI Policy. 6. Other Policies such as Seclusion, Time Out, De-escalation must be considered if the patient is removed from the main ward. 7. Consideration will be given to male / female staff mix prior to an intervention. 8. Staff will attempt to ensure the safety of everybody involved in a violent incident. This could include seeking further assistance e.g. Police / Ambulance 	3	3	9	<ol style="list-style-type: none"> 1. In the event of patient injury appropriate advice must be sought including a medical review if necessary. 2. In the event of a staff injury, medical advice should be sought if required. An incident form must be completed and subsequently if the member of staff is required to go off sick or if they go off sick at a later point this must be communicated to the Risk Management Team for the purposes of RIDDOR. Managers must consider the guidance within the Violence and Aggression Policy. 	

Physical Intervention Generic Assessment 3

Appendix A

Date	Hazard & Associated Risks	CQC	Controls	Likeli-hood	Conse-quence	Risk Score	Further Action Required	Date Action(s) Completed
February 2015	Risk of litigation from injured parties following injuries sustained during interventions.	4 &12	1. All job descriptions and job specifications must detail standardised wording for consistency across in-patient areas around the requirement for undertaking PI 2. Pre-Placement Risk Assessment must be completed by managers as part of recruitment processes 3. Pre-course physical health declaration must be completed by staff prior to undertaking PI training 4. Staff are trained in Physical intervention techniques and receive annual updates 5. Staff are required to report any injuries immediately post training and post –incident 6. Debriefing sessions highlight best practice and/or learning opportunities	3	3	9	1. Standard job descriptions and job specifications to be reviewed to ensure wording around requirement to undertake physical intervention is clear.	

Physical Intervention Generic Assessment 4

Appendix A

Date	Hazard & Associated Risks	CQC	Controls	Likeli-hood	Conse-quence	Risk Score	Further Action Required	Date Action(s) Completed
February 2015	Risk of inadequate staff numbers in order to appropriately control the risk identified for the unit	13 &16	1. E-roster is used to produce unit duty rota and highlight staffing deficits. 2. Units operate a minimum safe staffing level and staffing will be booked after approval by Locality Manager. 3. ATR's are raised to identify vacancies 4. Assistance can be requested from other in-patient units for support or creative staffing arrangements if a unit is unsettled 5. Advice can be sought from the PI trainer around practical PI issues or planning	3	3	9	1. Delays in approval to recruit clinical posts for direct replacements following vacancies need to be escalated to the Locality Manager to support timely replacement 2. Impact of long-term sickness and special leave on staffing levels to be discussed with Locality Manager 3. Recruitment and retention issues need to be addressed with HR Department for guidance on advertising and difficulty in appointing into particular posts	

Physical Intervention Generic Assessment 5

Appendix A

Date	Hazard & Associated Risks	CQC	Controls	Likeli-hood	Conse-quence	Risk Score	Further Action Required	Date Action(s) Completed
February 2015	Risk of injury to those staff temporarily unable to undertake Breakaway and Physical Intervention due to ill health or pregnancy - Working in a work area assessed as high risk of physical violence and requiring staff to undertake physical intervention. Management of Health and Safety Regulations (regulations 17-19) give additional requirements for controls for new and expectant mothers at work.	4&12	1. Maternity Guidelines state that staff are required to inform their Line Manager when they know that they are pregnant. 2. Managers will carry out a risk assessment using the 'Risk Assessment for Managing the Health and Safety of New and Expectant Mothers at Work' (In Maternity Guidelines) 3. Risk assessment of the work area which identifies the options available for temporary redeployment within that work area or the requirement to temporarily redeploy to an alternative work area. Risk assessment considers the security measures in place within each work area. 4. Where staff are assessed as requiring redeployment to an alternative work area, Managers should seek advice from Human Resources Team. 5. Prior to returning to work following maternity leave or period of redeployment, staff will meet with their manager and a risk assessment will be undertaken. If there are any concerns highlighted about the health of the staff member, a referral to Staff Health and Wellbeing will be made and the staff member will be managed under the Management of Sickness Absence	4	3	12		

Physical Intervention Generic Assessment 6

Appendix A

Date	Hazard & Associated Risks	CQC	Controls	Likelihood	Consequence	Risk Score	Further Action Required	Date Action(s) Completed
February 2015	Risk of injury to those staff permanently unable to undertake Breakaway and Physical Intervention due to ill health - Working in a work area assessed as high risk of physical violence and requiring staff to undertake physical intervention.	4&12	<p>1. Managers will carry out a risk assessment using the Generic Individual Risk Assessment Template, Assessment 7. To assess the risk to the individual resulting from their inability to undertake Breakaway and PI training and to identify appropriate controls. The risk assessment must refer directly to the Team / Service Risk Assessment for violence and aggression and the requirement for the use of Breakaway and PI Techniques.</p> <p>2. Where assessments indicate that staff are at risk of physical injury due to their inability to undertake Breakaway and PI and where they can no longer undertake their job role effectively, they should be placed either on sick leave or Special Leave whilst advice is sought from Human Resources Dept regarding the options available to that staff member.</p> <p>3. The individual risk assessment must document the controls put in place for the protection of the individual.</p>	4	3	12		

Assessment of Name of Staff Member – Name of Team / Service

BACKGROUND INFORMATION

**Description of main duties as required within job description of individual.
Description of patient type and risk of violence and aggression / unpredictability etc.**

The Physical Intervention Policy v 1.1 states:

*6.4.2: Where training needs analysis undertaken by service manager have identified staff groups as requiring **Breakaway** training, this will be provided on a mandatory annual basis.*

The XXXX Team Manager has assessed that staff working in this Team will undertake mandatory Breakaway Training.

Further to this the Policy also states:

- 9.4 For staff who due to a health condition deteriorating or a new health condition are unable to undertake Physical Intervention the following will apply:*
- 9.5 If the health condition means that there is a temporary restriction on being able to carry out physical intervention we would seek to support a return to work. This would mean trying to secure a temporary suitable alternative post. However if this could not be secured the member of staff would be expected to remain on medically certified sick leave until fully fit and able to return to their substantive post. This absence would be managed under the Management of Sickness Absence Policy in conjunction with the manager and Staff Health and Wellbeing. This could include exploring options such as permanent redeployment; ill health retirement (if the employee is a member of the NHS Pension Scheme) or ultimately asking for the contract to be reviewed at a Capability Panel.*

- 9.6 *If the health condition is permanent then we would need to explore the options listed in the above paragraph.*
- 9.7 *Protection would be as per the organisation's Redeployment Policy.*

Add description of the physical health condition of the individual and limitations; (as reported by Occupational Health).

GENERAL DUTIES

Employers and the self-employed have a responsibility under s.2 and s.3 of the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health and safety of employees and of other persons who may be affected by work activities. The Management of Health and Safety at Work Regulations (MHSWR) further impose a specific duty upon employers to carry out a suitable and sufficient assessment of all risks to the health and safety of employees and others, arising at or from a work activity.

RISK QUANTIFICATION

Risk can be defined as, "The chance of something happening that will have an impact on objectives. It is measured in terms of consequences and likelihood."

RISK SCORING MATRIX

LSW has chosen to use the NPSA risk matrix as its standard method of grading risk.

Levels of Consequence

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	<p>Minimal injury requiring no/minimal intervention or treatment.</p> <p>No time off work</p>	<p>Minor injury or illness, requiring minor intervention</p> <p>Requiring time off work for >3 days</p> <p>Increase in length of hospital stay by 1-3 days</p>	<p>Moderate injury requiring professional intervention</p> <p>Requiring time off work for 4-14 days</p> <p>Increase in length of hospital stay by 4-15 days</p> <p>RIDDOR/agency reportable incident</p> <p>An event which impacts on a small number of patients</p>	<p>Major injury leading to long-term incapacity/disability</p> <p>Requiring time off work for >14 days</p> <p>Increase in length of hospital stay by >15 days</p> <p>Mismanagement of patient care with long-term effects</p>	<p>Incident leading to death</p> <p>Multiple permanent injuries or irreversible health effects</p> <p>An event which impacts on a large number of patients</p>
Quality/complaints/audit	<p>Peripheral element of treatment or service suboptimal</p> <p>Informal complaint/inquiry</p>	<p>Overall treatment or service suboptimal</p> <p>Formal complaint (stage 1)</p> <p>Local resolution</p> <p>Single failure to meet internal standards</p> <p>Minor implications for patient safety if unresolved</p> <p>Reduced performance rating if unresolved</p>	<p>Treatment or service has significantly reduced effectiveness</p> <p>Formal complaint (stage 2) complaint</p> <p>Local resolution (with potential to go to independent review)</p> <p>Repeated failure to meet internal standards</p> <p>Major patient safety implications if findings are not acted on</p>	<p>Non-compliance with national standards with significant risk to patients if unresolved</p> <p>Multiple complaints/independent review</p> <p>Low performance rating</p> <p>Critical report</p>	<p>Totally unacceptable level or quality of treatment/service</p> <p>Gross failure of patient safety if findings not acted on</p> <p>Inquest/ombudsman inquiry</p> <p>Gross failure to meet national standards</p>

Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results

					Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

	Likelihood score				
Descriptor:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Frequency: How often might it / does it happen	This will probably never happen / recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen / recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently

Risk scoring = Consequence x Likelihood (C x L)

		Likelihood →				
Consequence score ↓		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1-4	Low Risk
5-12	Medium Risk
15-25	High Risk

Description of Activity	Hazards and Associated Risks <i>(Consider the Hazards Below)</i>	People Affected	Existing Controls
Undertaking current role as described in job description	<ol style="list-style-type: none"> 1. Movement (sitting, walking, climbing stairs and driving) - risk of exacerbation of existing physical ill health conditions. 2. Manual handling – risk of injury, exacerbation of existing ill health conditions. 3. Lone working – risk of injury, exacerbation of existing ill health conditions and delay in raising an alarm to receive assistance. Patients are high risk of violence and aggression and unpredictable. 4. Violence and Aggression – risk of injury, exacerbation of existing ill health conditions. Patients are high risk of violence and aggression and unpredictable, PI and Breakaway is a mandatory training requirement for this job role. 5. General risk of non-compliance with Health and Safety at Work Act 1974 S2 and Management of Health and Safety at Work Regulations regs 3 and 4. Resulting in prosecution and financial penalties. 6. General risk of civil claims resulting in financial penalties. 	Staff Member Xxxx Team Manager LSW	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.

Consequence 1 - 5	Likelihood 1 - 5	Level of Risk C x L Low / Medium / High	Controls Adequate Y / N	Further Action Required	Date Actions Completed
<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 		Undertake breakaway / physical intervention training Seek advice from HR Team regarding redeployment / ill-health retirement etc. Staff Member to remain off work due to the health and safety risks to themselves and others.	

Completed by: _____ **Date of Assessment:** _____

Restrictive Practice Flow Chart

Restrictive practices - what you should consider

