

Positive and safe care – restrictive interventions

Trustwide information

Inpatient information about your care and treatment

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Overview:

At times, we can all display behaviours that challenge. Needing support from mental health and learning disability services can be difficult and can create situations where these are more likely to occur.

We want to stop these situations from developing where possible. This is called positive and safe care.

We encourage and support our staff and services to use approaches like ‘Safewards’ and ‘Positive behaviour support’ to do this:

- **Safewards**
Creating a positive, engaging ward environment that considers the needs of people coming into hospital and how we can support them in the right way during a difficult time.
- **Positive behaviour support**
The framework we use to understand why behaviours occur and how can we best support individuals to prevent them in the future.

Restrictive interventions

On very rare occasions our preventative approaches may not be enough to support somebody. To keep people safe, staff may need to use a restrictive intervention. This should always be a very last resort.

Restrictive interventions are clinical interventions that restrict or limit what you can do or where you can go. These include:

- **Physical restraint**
The use of approved techniques to restrict your movement
- **Rapid tranquilisation (also known as chemical restraint)**
Being given medication that may help stop the behaviour.
- **Mechanical restraint**
Using a strong material strap or cuff to prevent or restrict your body from moving.
- **Seclusion**
Providing you with an isolated safe space where you can stay until the behaviour has stopped.

Following any use of restrictive intervention we will discuss the incident with you. This is called a post incident review. We will discuss what we can learn from the incident and how we can stop similar situations from happening again.

Find out more...

Reading about these interventions can be really difficult. That's why we've broken this information down into single topics which you can read through at your own pace.

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Staff can support you through reading this information and can talk to you about any concerns you may have or answer your questions. You can also request this information as separate sheets if you would find that helpful.

Positive and safe care

We are committed to reducing the use of restrictive interventions.

We do this through five key areas:

- Monitoring data on restrictive interventions used across the Trust.
- Using a positive behaviour support framework.
- Safewards.
- Training our staff in positive and safe care.
- Debriefing following incidents.

We know that the best way to reduce behaviours that challenge is to create therapeutic environments where we work collaboratively with individuals to make sure the care we provide meets their personal needs.

One of the ways that we do this is through using the 'Safewards' approach.

Safewards

Coming into hospital can be difficult. The unfamiliar environment and people can leave you feeling anxious or confused. Safewards started as a project to improve relationships between staff and patients and to create environments that are positive, engaging and based on staff and patients working together. Some key elements of Safewards include:

- **Reassurance**
Making sure support is available during difficult times on the ward.
- **Clear mutual expectations**
An agreement about what we expect from each other.
- **Soft words**
When we have to say no – saying it in a way that everyone understands and explaining why.
- **Talk down**
Speaking to each other calmly, with understanding and clarity, to resolve any issues.
- **Positive words**
Looking for the positives, even on the busier days. We aim to include a positive comment for every patient in every handover.
- **Bad news mitigation**
Together we can agree, if any bad news needs to be given, how and when you would like to hear it and who from; you can tell us how we can support you.
- **Know each other**
We understand that sometimes we know a lot about you, but you know very little about us – check the ward for ‘getting to know you’ information.
- **Mutual help meetings**
We can help you plan for the day – is there anywhere you need to go on leave?
Are there any activities you really want to do?
- **Calm down methods**
Calm down boxes are full of things that will help distract you, help you relax and cope with the way you are feeling.
- **Discharge messages**
Look out for patient’s comments on the walls, they may help give you hope and tell you important things about the ward.

Whilst we make our environments as positive as possible we sometimes need to look at other ways to support individuals and keep them safe. We do this through the use of Positive Behaviour Support.

Positive Behaviour Support (PBS)

Difficult situations can impact our behaviour and lead us to do things that aren't appropriate or helpful for example:

- shouting
- swearing
- hitting
- kicking
- biting
- self-harm.

People behave in these ways for many reasons including:

- being in pain or feeling unwell
- feeling unhappy
- being unsettled by loud noises
- receiving bad news
- being asked to do things they're not comfortable with
- being spoken to in a way they don't like
- feeling bored.

If you are showing these behaviours, staff can find it hard to know how it is best to help you. You may have heard staff or patients talking about PBS:

- **Positive** - good, helpful, respectful, hopeful.
- **Behaviour** - the things that you do and say.
- **Support** - help that you get from the people around you.

This means that staff are trying to:

- understand why you behave the way you do
- find ways to stop the behaviours from happening
- find good ways to deal with the behaviour when it does happen.

Staff will respect you at all times and will look at things like the ward environment and how you are supported. Punishments will not be used to change your behaviour.

What is a PBS plan?

Our staff will work together to support you to have a good quality of life and want to understand the things that are important to you.

To help us do this you can work with staff members who know you best to create a PBS plan. Your PBS plan will be individual to you and will include things like:

- learning new skills
- learning a safe way to tell people how they can help you
- which restrictive intervention you would prefer staff to use if needed to keep you safe.

PBS is a form of early intervention that can help to keep you and those around you safe. For very few people this approach alone will not be enough and on occasions staff may need to use a physical restraint.

Physical restraint

There may be times or situations where staff may need to take hold of you in order to prevent you or those around you getting hurt. Staff receive regular training on how to hold you in ways that prevent physical injury.

These will normally include:

- **Standing**
Where staff takes hold of your lower arms - normally used to support patients from one area to another.
- **Seated**
This will involve sitting on either a sofa or a beanbag with staff supporting your lower arms and your legs.
- **Supine**
This will involve being held on the floor whilst laid on your back - staff will support your arms, legs and head.
- **Prone**
This will involve been held on the floor whilst laid on your front - staff will support your arms, legs and head.

We know physical restraint can be distressing. It is also associated with a number of risks. That is why these will be time limited and will only be used in order to keep you and others safe.

During the intervention staff will constantly monitor your physical health and will explain what is happening to help reduce any anxiety you may feel.

You can talk to staff about the use of the physical restraint, or any concern you may have, at any time.

Where we have used physical restraint we will always give you the opportunity to talk to us about this at a post incident review (debrief).

If a situation remains unsafe, and a person has been held for longer than ten minutes, nursing staff will decide if rapid tranquilisation may help reduce the behaviours that challenge.

Rapid tranquilisation

Rapid tranquilisation is where staff administers additional medication to help you feel calmer. This is also known as chemical restraint and will only be considered if a wide range of positive behaviour support interventions have not helped you.

Rapid Tranquilisation will normally be given to you in the form of an injection. The medications commonly used are:

- Lorazepam
- Haloperidol
- Promethazine

Most injections will be given in one of the following areas:

- arm
- buttock
- hip
- thigh

Staff will monitor you for any side effects or changes in your physical health for up to one hour following rapid tranquilisation.

Any use of rapid tranquilisation can be upsetting. We will always give you the opportunity to talk to us about this once the situation has become safe. This is known as a post incident review or debrief.

You may also wish to talk to a member of staff about potential side effects of your medication.

Sometimes, depending on the level of risk, rapid tranquilisation may not be appropriate. For a very small number of people, seclusion may be the safest intervention.

Seclusion or segregation may also be considered if other interventions have failed and the risk of harm to self or others is no longer able to be managed.

Seclusion

Seclusion is a designated room allows staff to clearly observe you and communicate with you.

Seclusion will be used for the least possible time to ensure your safety and that of those around you.

The seclusion suite is a safe environment with a mattress, bedding, pillow and access to an en-suite bathroom.

Your meals and drinks will be provided for you.

Tear-Proof Clothing might be considered while you are in seclusion (please see the relevant leaflet for more information).

Reviews:

Whilst in seclusion, you will have access to 24 hour support from a member of staff.

There will also be:

- **A nursing review every two hours**
Two Nurses will complete an assessment of your current mental and physical health and will update your treatment plan with your input.
- **A medic review every four hours**
This will include a doctor and a staff team interacting with you and also completing an assessment.

You are entitled to an independent internal multi-disciplinary team review if you have been in seclusion for eight hours or more.

Ending seclusion can be discussed at any point during these reviews.

Segregation

Sometimes behaviours may lead to a patient being at risk from the wider patient community. On rare occasion we may need to move you to a restricted area on the ward to keep you safe. This is called segregation.

Segregation will allow a more intensive treatment plan to be used away from the community and the main ward environment.

You may be segregated if the risk of harm to self and others and behaviours that challenge cannot be reduced by:

- the use of short term seclusion
- all other interventions.

The segregation environment will be as welcoming as possible and will have many of the general facilities you would find on the main ward such as a lounge, bathroom and bedroom.

On occasions, behaviours that challenge may lead to a patient been at risk to themselves. In order to keep them safe we use tear-proof clothing.

Tear-proof clothing

The use of tear proof clothing is very rare and will be only be authorised in exceptional circumstances.

Tear proof clothing is usually a t-shirt and a pair of shorts.

If you do use tear proof clothing this will be regularly reviewed to make sure that it is the most appropriate intervention for you.

Tear-proof clothing might be considered while you are in seclusion.

Mechanical restraint

On rare occasions behaviours that challenge escalate and we cannot support patients safely without the use of mechanical restraint.

Mechanical restraint is used to move patients to a place of safety.

This is very rare and will only be used in emergency situations for the shortest time possible.

Mechanical restraint will only to be considered when all other forms of interventions have become unsafe and is available in two different forms:

- **Emergency response cuff (ERC)**
A set of fabric cuffs which go around the wrists.
- **Emergency response belt (ERB)**
Fabric belts which wrap around the chest, arms and legs.

All use of mechanical restraint requires authorisation from senior managers. Before mechanical restraint is used there will be a discussion with the multi-disciplinary team including your doctor.

Post incident review

Following an incident, you will be given the opportunity to share your views and any concerns you may have about restrictive interventions that have been used. This is called a post incident review.

The post incident review is a learning opportunity for you and the staff, to improve the quality of care you receive. It can include those involved in the incident as well as other members of ward staff.

The review will take place within 24 hours of the restrictive intervention.

During the post incident review we will ask you:

- Are you OK?
- Is there anything we can do to help you feel safe?
- Do you understand why the restrictive interventions were used?
- Is there anything we could do differently next time?
- Is there anything you could do differently next time?
- Is there anything you felt worked well?

More information

For more information about any of the topics discussed in this Information Pack, please contact tevw.positiveandsafe@nhs.net



Feedback

What do you think this leaflet – is the information useful, is there anything missing or anything you didn't understand? Please let your care team know.

Do you have concerns or complaints?

If you have concerns or complaints about a service, please tell a member of staff. You can also call our patient advice and liaison service (PALS) on Freephone 0800 052 0219 or email tevw.pals@nhs.net.

Information in other languages and formats

We want to make sure you can read and understand the information we provide to you. If you would like this leaflet in another language, large print, audio or Braille, please ask a member of staff.

Find this information

Staff:

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Service users and carers:

<https://www.tevw.nhs.uk/about-us/how-we-do-it/positive-and-safe-care-restrictive-interventions/>