journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

Safe use of Physical Restraint Techniques

Supporting Behaviours that Challenge (BtC)

Ref CLIN-0019-002-v3

Status: Approved

Document type: Procedure

Overarching Policy: Supporting Behaviours that Challenge Others

Contents

1 Introduction

Tees, Esk and Wear Valleys NHS Foundation Trust (the Trust) is committed to developing alternative approaches that will reduce the need for physical restraint.

As part of the Trust's aims to deliver services that are both recovery focused and trauma informed, the Trust provide an overarching framework of Restrictive intervention reduction in the form of the Trust wide Positive and Safe Plan.

The Mental Health Code of Practice (2015) and NG10 Short term management of violence and aggression (2015) provide clear recommendations for the short-term use of physical restraint techniques. This procedure aims to inform Trust-wide staff of these requirements.

The **Mental Health Act 1983 Code of Practice** is clear that restrictive interventions must not be used to punish, or for the sole intention of inflicting pain, suffering or humiliation. Also, that where a person restricts the movement of a person using Trust services, or uses (or threatens to use) force then it must:

- Be used for no longer than necessary to prevent harm to the person, or to others
- Be a proportionate response to that harm; and
- Be the least restrictive option.

These principles are applicable to all in the receipt of Trust services, whether in hospital settings or community, young people or older adults, regardless of clinical presentation.

> "Restrictive intervention reduction programmes are overarching, multi-component action plans which aim to reduce the use of restrictive interventions. They should demonstrate; organisational commitment to restrictive intervention reduction at a senior level, how the use of data relating to restrictive interventions will inform service developments, continuing professional development for staff, how models of service which are known to be effective in reducing restrictive interventions are embedded into care pathways, how …[people using Trust services]… are engaged in service planning and evaluation, and how lessons are learned following the use of restrictive interventions. They should ensure accountability for continual improvements in service quality through the delivery of positive and proactive care. They should also include improvement goals and identify who is responsible for progressing the different parts of the plan. A key indicator that a plan is being delivered well will be a reduction

in the use of restrictive interventions. Other indicators include reduction of injuries as a result of restrictive interventions, improved patient satisfaction and reduced complaints" (Mental Health Act Code of Practice 2015)

It is the expectation that all mental health and learning disability services in the Trust will actively work to reduce the use of restrictive practices.

"Any use of restrictive interventions must be compliant with the Human Rights Act 1998 (HRA), which gives effect in the UK to certain rights and freedoms guaranteed under the European Convention on Human Rights (ECHR)." (Mental Health Act Code of Practice 2015)

2 Purpose

Following this procedure will help the Trust to:

- Provide guidance in relation to the nature, circumstances and use of approved physical restraint techniques currently adopted by the Trust.

- Its aim is to help all involved act appropriately in a safe manner, thus ensuring effective responses in potential or actual difficult situations.

- It sets out a framework of good practice, recognising the need to ensure that all legal, ethical and professional issues have been taken into consideration.

- Under section 6 of the Human Rights Act (1998) Tees, Esk, Wear Valleys NHS Trust has a responsibility to uphold and promote the human rights of both its staff and people using Trust services. Similarly under Health and Safety at work legislation, and associated guidelines, it has statutory responsibilities to protect staff and people using Trust services alike from harm.

- Recognise that as a 'last resort' in certain situations, the application of a physical restraint technique is the only option available to staff charged with the prevention of harm to the patient or others.

- Acknowledge the need for reducing restrictive intervention and using the 'least restrictive option' for supporting episodes where behaviour may challenge.

- It is acknowledged that the application of physical restraint can present a high level of risk to the patient and to the staff participating, which may be required to justify that these risks are less than the risk of not applying restraint.

3 Who this procedure applies to

- All TEWV staff

4 Related documents

The Supporting behaviours Challenge others Policy defines the standards for care and treatment in support those with behaviours challenge which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- Supporting behaviour that challenge others policy
- Safety and Risk Management policy (formerly known as Harm Minimisation Policy)
- Rapid tranquilisation Policy
- Policy on the use of Global Restrictive Practices (Blanket Restrictions) in In-Patient Units
- Tear Proof clothing procedure
- Safe use of long-term segregation procedure
- Privacy and dignity policy
- Human Rights, Equality Diversity and Inclusion Policy
- Safe use of mechanical restraint equipment procedure
- Supportive observation and engagement procedure
- Physical health and wellbeing policy
- Health and safety policy
- Procedure for addressing verbal and physical aggression towards staff by patients, carers, and relatives
- CCTV Policy
- Visiting policy (inpatients)
- Searching of adult in-patients, their property, the environment, and visitors policy
- Safe use of seclusion procedure

5 Physical Restraint Types

Trust staff must only use physical holds approved by the General Services Association. These are taught within the Trust's Positive and Safe care Training.

When using physical restraint staff must adopt a graded response to their approach, the different types of techniques will be categorised are defined in Section 7 – Definitions.

All taught techniques when standing will require patients to bear their own weight at all times. None of the Trust approved techniques can be utilised in the moving and handling of patients.

If services identify that use of a specific technique does not support a situation, they are providing support to, they must make a referral to the Clinical Skills Team.

6 Guidelines for the use of Physical Restraint

Physical restraint will only be considered when all other practical means of managing the situation, such as de-escalation, distraction or consented medication administration, have been ineffective.

Any of physical restraints carried out by staff must maintain the patient's well-being and be respectful to maintain their privacy & dignity at all times.

Consideration should be made to a person's protected characteristics and their needs in relation to these rights

Any use of physical restraint must be considered from a human rights and trauma informed care perspective.

- Every patient has the right to dignity, autonomy and freedom from degrading or inhumane treatment. Physical restraint can infringe on these rights if not justified and proportionate

- Involve the patient in decisions, where possible, even during crisis planning, ensuring that the physical and emotional safety of the patient are paramount

- Understand that many individuals in care settings have experienced trauma. Restraint can re-trigger memories and cause further psychological harm

The lead person for the intervention should be a member of staff who is up-to-date with Positive and Safe Care Training.

The identified member of staff (lead) should, where possible:

- Be familiar with the patient and their care plans
- Have knowledge of the trauma that the patient has experienced
- Use clear, direct, uncomplicated communication throughout the incident
- Have knowledge of the risks associated with physical restraint, both in general and any highlighted health risks for that individual patient.
- The lead should continually communicate (if appropriate) with the patient throughout any use of physical restraint
- Continue to use de-escalation techniques irrespective of the stage of the physical restraint process.
- Ensure that privacy and dignity is maintained throughout without compromising safety
- Consider the impact on patient who may have heard or witnessed the incident.

 If a patient is involved in multiple incidents of restrictive interventions, the MDT should consider the development of Behaviour Support Plan or the provision of support using one of the speciality specific Pathways that support behaviours that challenge.

7 Definitions

Term	Definition
Restrictive Interventions	An intervention that prevents a person from behaving in ways that threatens to cause harm to themselves, to others, or to Trust property and/or equipment.

Physical Restraint	Any direct physical contact where the intention is to prevent, restrict, or subdue movement of the body (or part of the body) of another person. Physical restraint covers anything from friendly come a long, arm holds, seated, safety pods, supine and prone restraint.
Prone Restraint	Prone restraint, or face-down restraint, is when a person is positioned on a surface face down on their stomach preventing them from moving out of this position
Supine Restraint	Supine restraint is when a person is placed on a surface on their back and prevented from moving out of this position.
Behaviour Support Plan	Behaviour Support Plan is an evidence-based approach with a Green interventions of increasing a person's quality of life and an Amber interventions of decreasing the frequency and severity and Red interventions for safety management of distressed behaviour.
Verbal de-escalation	The use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.
PRN medication	The use of As-required medication (PRN) can be utilised as part of a de-escalation strategy, but PRN medication used alone is not de-escalation. PRN should always be considered prior to any administration of Rapid Tranquilisation.
Rapid Tranquilisation	Rapid tranquillisation Use of medication by the parenteral route (usually intramuscular or, exceptionally, intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed. (NICE NG10 May 2015)
Advanced decision	A written statement made by a person aged 18 or over that is legally binding and conveys a person's decision to refuse specific treatments and interventions in the future.

7.1 Seated physical restraint

In situations where physical restraint is deemed necessary staff should aim to utilise a seated approach, preventing the need for a floor restraint.

To support this technique services are encouraged to utilise a Trust approved safety pod, further support available via the Clinical skills team.

Ward Managers and the clinical skills team are required to regular check Safety pod for signs of wear and tear and arrange appropriate servicing when necessary. Ward managers are to follow the UK pod manuals for safe use and maintenance.

7.2 Prone/ Face down or Prolonged restraint

Any form of continuous restraint lasting for 10 minutes or longer constitutes a prolonged restraint.

Restraining patients in prone positions should be avoided unless there is clear cogent reasoning as to why this has occurred. In exceptional situations where the restrained patient needs to be held in prone position for the safety of themselves and/or others, this should be for the shortest time possible.

All use of prone or prolonged Physical holding will be reviewed by the Associate director of nursing and quality and the Trust wide Positive and Safe Lead Nurses

If services become aware that a patient has been restrained using prone or is at high risk of been held in a prone position, they should:

- Highlight within the patient's electronic care records
- Escalated as part of a multi-disciplinary team discussion.
- Escalated to via the Trust's positive and safe network
- Review and scrutinise the reasons this occurred, and reflections completed
- Seek the support of the Clinical Skills Team for support and guidance on developing on alternative interventions.

8 Physical restraint for planned care or treatment

At times physical holding may be identified as a necessary and proportionate intervention to support a specific need/treatment of a patient i.e. Nasogastric tube feeding, venepuncture or attending to personal care. For any planned care or treatment holding a consultation with the positive and safe team must be completed to ensure staff receive the correct training and support.

Any use of physical holding as part of a patients's planned care or treatment should be clearly detailed in a multi-disciplinary approved behaviour support plan which including the steps taken to reduce or eliminate the need for the restrictive intervention.

Involve the patient where possible in the decision making and planning.

All planned use of physical holding must be reported in accordance with the patients care records and incident reports completed.

9 Risks associated with Physical restraint interventions.

Patients must not be deliberately subject to physical restraint interventions in a way that impacts on their airway, breathing or circulation. The mouth and/or nose must never be covered and there must be no pressure to the neck region, rib cage and/or abdomen. Unless there is a cogent reason for doing so, there must be no planned or intentional restraint of a patient in a prone position (whereby they are forcibly laid on their front) on any surface, not just the floor (Mental Health Act Code of Practice 2015)

The potential risk to physical health and the consideration of Iatrogenic harm must be considered within a Patient Safety Summary and Safety Plan, consideration of an individual's age, gender identity, physical and emotional maturity, health status, cognitive functioning and any disability or sensory impairment, which may confer additional risks to the individual's health, safety and wellbeing in the face of exposure to physical restraint.

Throughout and following any period of physical interventions staff must monitor for sign of physiological distress, pain or injury. Nominated staff will need to carry out and record the following:

Throughout and following any period of standing or escorted physical restraint interventions	
During the restraint	Continually monitor for signs of pain or discomfort, respiration and complexion
Following the restraint	Carry out detailed examination for signs of injury as a result of physical restraint been used

Throughout and following any period of Seated or Floor based physical restraint interventions	
During the restraint	Observations, including vital clinical indicators such as pulse, respiration and complexion (with special attention for pallor/discolouration), consider the use of a pulse oximeter
Following the restraint	Observation as above every 15 minutes in accordance with (NEWS) for 60 minutes following the incident or until the patient is ambulatory. Consider the need for medical review in order to identify any potential injury as the result of physical restraint been used.

Staff must be aware that patients may refuse these types of interventions during these periods. We would recommend that, as a minimum standard, staff visually monitor respiration levels at these times both during and following the use of any physical restraint interventions.

The patient's physical observations need to be recorded on their News chart and in their electronic recording system for that day. Staff need to be trained so that they are competent to interpret these vital signs

Emergency resuscitation devices must be readily available in the area where physical interventions are taking place, and a member of staff should take the lead in caring for other patients and moving them away from the area of disturbance.

10 Observations

Levels of observation should be set in the least restrictive form, within the least restrictive setting to protect the safety of the patient, safety of others and to promote positive therapeutic engagement.

It is necessary to balance the patient safety, dignity and privacy with the need to maintain the safety of the patient and those around them (Supportive engagement and observations Procedure).

Following any use of physical restraint interventions the clinical team providing care and support at that time should review the patients prescribed observation level and alter where necessary.

Any changes to a patient's observation levels must be recorded in the patient's notes specifying the reason for the change.

11 Post-Incident Review

Following the use of any physical restraint interventions all staff involved are required to immediately carry out a post-incident review once the risk of harm has been contained.

The post-incident review will identify and address physical harm to the patient and staff, ongoing risks and the emotional impact on the patient and staff members involved including witnesses.

The patient involved in the physical restraint interventions is to be offered the opportunity to discuss their experiences with staff that were not involved in the physical restraint interventions.

The post-incident review for patients, staff or witnesses should only be carried out after each party has recovered their composure with the aim to:

- Acknowledge the emotional responses to the incident and assess whether there is a need for emotional support for any trauma experienced.
- Promote relaxation and feelings of safety.
- Support a return to normal patterns of activity.
- Learn lessons and consider future actions if similar incidences were to occur.

Staff together with the patient, their families and advocates, where appropriate, should consider whether the patients Behaviour Support Plan or other aspects of the patient's care plans need to be revised/updated in response to the information from the post-incident review.

Completion of a post incident review may at times identify that due to the severity or circumstance of the incident, additional support may be required. Service leads should seek the support of Psychology services to carry out a formal de brief with staff and patients.

Consider the support needs offered to patient who may have heard or witnessed the Intervention

12 Iatrogenic Harm & Trauma informed Care

Physical restraint is often a major contribution to delaying recovery and has been linked with causing serious trauma both physical and psychological, to patients and staff.

Individual risk factors, which suggest a patient is at increased risk of physical and/ or emotional trauma, must be taken into account when applying physical restraint.

The post incident review should identify if there is a need and if so, provide counselling or support for any trauma that might have resulted. It is important to establish whether anything could be done differently to make a physical restraint less traumatic.

13 Positive engagement following the use of physical restraint.

Patients should be empowered to actively participate in their care, rather than “having things done to them”. Patients should be encouraged to participate in activities that are therapeutic, engaging and meaningful to them.

Activities should instil hope in the patient, allowing them to address their difficulties constructively. Where appropriate, patients should be encouraged to participate with ward activities, their hobbies and interests and engage with their fellow patients and staff in order to facilitate their recovery journey.

14 Reporting and recording Physical Restraint

Tees, Esk and Wear Valleys NHS Foundation Trust will comply with the reporting requirements relating to the use of physical restraint as required.

All incidents that involve any form of physical restraint must be reported via InPhase and a detailed record of the incident must be included within the patients Cito Record.

Depending upon the incident type staff must include the following:

14.1 Planned physical restraint use - Reporting Requirements

- Staff involved in implementing the intervention.
- Details of the type of intervention, including duration
- Planned care that the physical restraint was required for.
- Any monitoring carried out during and following the physical restraint.
- Post incident review completion and any actions identified as a result of these

14.2 Emergency use of physical restraint - Reporting Requirement

- Details of the incident that led to the use of Physical restraint.
- Amber strategies used as preventative prior to physical restraint.
- Staff involved in implementing the intervention.
- Details of the type of intervention, including duration
- Planned care that the physical restraint was required for.
- Any monitoring carried out during and following the physical restraint.
- Post incident review completion and any actions identified as a result of these.

15 Legal context of physical restraint

Any use of Physical restraint must be carried out within a legal context and any use should be based upon a clinical decision considered with the following legislation:

- The Human Rights Act 1998
- The Mental Capacity Act 2005
- The Criminal Law Act 1967
- The Duty of Care and Clinical Negligence
- The Mental Health Act Code of Practice (2015)
- Mental health Units Use of Forces Act (2019)
- The Equality Act (2010)

Where physical restraint has been used, staff must record the decision and the reasons for it, including details about how the intervention was implemented and the patient's response. If an individual is not detained under the Act, but physical restraint of any form is necessary, consideration should be given to whether the criteria in sections 5 and 6 of the Mental Capacity

Act (2005) apply (restraint to be used in respect of people aged 16 and over who lack capacity) and/or whether detention under the Act is appropriate (subject to the criteria being met).

Staff may have to account for any use of force in the courts. They will need to know the legal authority for their actions and be able to explain why these were necessary, reasonable and proportionate in the circumstances.

16 Police support in the use of physical restraint

Guidance from the Policing College 2017 identified that local policing services may be able to assist and offer support to healthcare staff when a serious crime may have been committed, examples with guidance include:

- An immediate risk to life and limb
- Immediate risk of serious harm
- Serious damage to property
- Offensive weapons
- Hostages

Throughout any incident in which police respond and assist nursing staff to regain control the responsibility of the patient's health and safety remains that of the nursing staff. Where no significant threat of harm or commission of crime is present, the police will not attend to assist in restraining patients who are receiving treatment or assessment either as compulsory or voluntary patients.

It is unlawful for the police to restrain a patient on the basis that they might be violent if not restrained. Therefore police involvement in restraint is confined to:

- As part of structured handover under Section 136 of the Mental Health Act 1983

Or

- Where the offending behaviour has reached such a serious level that the person needs to be arrested and dealt with under the criminal justice system

Staff need to be aware that local agreements may be in place with Local Policing services where they work, which outline standardised process for joint working, reporting and review following incidents.

17 Unlawful restraint

It is never lawful to use:

- restraint with intent to torture, humiliate, distress or degrade someone
- a method of restraining someone that is inherently inhuman or degrading, or which amounts to torture
- physical force as a means of punishment, or
- restraint that unnecessarily humiliates or otherwise subjects a person to serious ill–treatment or conditions that are inhuman or degrading.
- Holding a person for longer than is required

18 Definitions

Term	Definition
Restricted escort	• Any restrictive hold where an individual is moved/ re-located from one area of a unit to another or between units regardless of level of hold.
Standing Restraint	• Where the patient is restrained in a standing position.
Seated Restraint	• Where the patient is held in a seated position.

Safety Pod	• Where a patient is restrained in a seated position in a safety pod
Supine Restraint	• A physical restraint where the patient is held on their back.
Prone Restraint	• A physical restraint in a chest down position, regardless of whether the person's face is down or to the side.

19 How this procedure will be implemented

• This procedure will be published on the Trust's intranet and external website.

• Line managers will disseminate this procedure to all Trust employees through a line management briefing.

• Attendance at training is monitored via Human Resources who send attendance reports to managers to ensure mandatory training needs are met.

• All TEWV Positive and Safe Care Training Curriculum will be reviewed annually as part of the Organisation Plan for reducing the use of restrictive Intervention and is reflected within the positive and safe care annual report

• The trust is accredited and reviewed via the Restraint reduction Network and Bild association of certified training (BildACT) which is reviewed every 3 years. Recertification took place in 2024.

19.1 Training needs analysis

All clinical staff within the Trust will be trained in a range of strategies to support patients displaying behaviours that challenge

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Positive and Safe Care training Level 1: Staff working in Community Services or working in inpatient service but have limited direct contact with patients	Face to Face	1 day	2 yearly
Positive and Safe Care training Level 2: Staff working in Inpatient services or complex community services providing direct care and support or staff working in enhanced community services	Face to Face	5 day introductory training Update training 2 days	Once Annually

All staff must attend an annual update, in the event that the time has lapsed staff have 3 months to attend a 2-day update. In training has gone over the 3 months staff will require to attend a full 5-day level 2 Course.

Staff that are out of date with their training should **not** be part of any planned interventions but may require to be part of an unplanned intervention where there is immediate risk to life.

20 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Restrictive intervention usage monitored	Board: every 3 months	QAC QUAIG/ Speciality service meeting

	via the Positive & Safe Dashboard and governance groups	Directors of Operations: Quarterly Clinical Directors: Quarterly Heads of Service Monthly Modern matrons/teams Managers : Weekly Positive and safe governance meetings: monthly	Care group Board Leadership Huddles/ Supercells Monthly to Directors of nursing and quality
2	Positive & Safe annual report	Annually	Linked to the Positive and Safe plan reviewed annually and approved via QuAC

21 References

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- General Services association (2017) Core Curriculum Physical Skills, www.thegsa.co.uk
- General Services Association (2003) Position request on pain, www.thegsa.co.uk
- Health and Safety at Work Act (1974), Health and Safety Executive www.hse.gov.uk
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- NIMHE (2004) Mental Health Policy Implementation Guide 'Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health In-Service user Settings'

22 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	19 November 2025
Next review date	19 November 2028
This document replaces	CLIN-0019-002-v2 Safe use of physical restraint techniques
This document was approved by	ECLS
This document was approved	19 Nov 2025
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	June 2025
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
v3	June 2025	Update to Job titles to reflect current trust structure Updates to trust structure of governance meetings Addition of appendix 3	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Positive & Safe Care
Title	Safe use of Physical Restraint techniques
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	Following this procedure will help the Trust to: • Provide guidance in relation to the nature, circumstances and use of approved physical restraint techniques currently adopted by the Trust. • Its aim is to help all involved act appropriately in a safe manner, thus ensuring effective responses in potential or actual difficult situations. • To ensure we uphold the human rights of those we care for • It sets out a framework of good practice, recognising the need to ensure that all legal, ethical and professional issues have been taken into consideration. • Recognise that as a 'last resort' in certain situations, the application of a physical restraint technique is

	the only option available to staff charged with the prevention of harm to the patient or others. • Acknowledge the need for reducing restrictive intervention and using the 'least restrictive option' for supporting episodes where behaviour may challenge. • It is acknowledged that the application of physical restraint can present a high level of risk to the patient and to the staff participating, which may be required to justify that these risks are less than the risk of not applying restraint.
Start date of Equality Analysis Screening	March 2025
End date of Equality Analysis Screening	June 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All Inpatient service users All inpatient staff
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO**

	• **Human Rights Implications yes** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	
Describe any positive impacts / Human Rights Implications	

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See reference list
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Review to be arranged within coming 12 months for policy to be co-produced prior to next review

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Positive and safe care training
Describe any training needs for patients	No

Describe any training needs for contractors or other outside agencies	No

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	YES	
Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
2. Rationale		
Are reasons for development of the document stated?	YES	
3. Development Process		
Are people involved in the development identified?	YES	
Has relevant expertise has been sought/used?	YES	
Is there evidence of consultation with stakeholders and users?	YES	
Have any related documents or documents that are impacted by this change been identified and updated?	YES	
4. Content		
Is the objective of the document clear?	YES	
Is the target population clear and unambiguous?	YES	
Are the intended outcomes described?	YES	
Are the statements clear and unambiguous?	YES	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	YES	

Are key references cited?	YES	
Are supporting documents referenced?	YES	
6. Training		
Have training needs been considered?	YES	
Are training needs included in the document?	YES	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	YES	
8. Equality analysis		
Has an equality analysis been completed for the document?	YES	
Have Equality and Diversity reviewed and approved the equality analysis?	YES	
9. Approval		
Does the document identify which committee/group will approve it?	YES	
10. Publication		
Has the policy been reviewed for harm?	YES	
Does the document identify whether it is private or public?	YES	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	YES	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	YES	
Do all pictures and tables have meaningful alternative text?	YES	

Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	YES	

Appendix 3 – Positive and Safe incident reporting Language guide for staff

Inphase Recording Language	Positive and Safe Training Language	Description
Kneeling	Kneeling Seclusion Exit Kneeling – Prone Opt Out	Kneeling Seclusion Exit *(3 staff: Head and 2 Arm Holds)* Or Opting out of Prone Descent at Kneeling *(3 staff: Head and 2 Arm Holds)*
Mechanical Restraint **Inphase will then ask you to select:** **Emergency Response Belts (ERB)** **Soft Cuffs** **Trans-e-Slide**	Soft Cuffs Emergency Response Belts	Following risk management discussion, the decision to deploy MRE or Police &/or Private Transport use MRE as indicated by the TEWV team. *Staff required dependant on the intervention being undertaken.* *N.B Trans-e-Slide is a bespoke prescribed intervention, Product and Training package and not routinely taught.*

Other	Any hold that is not covered in core Positive and Safe Training.	Common Law Intervention Any hold that staff are not trained in Misuse of trained techniques May also include holds that are not taught from the Curriculum to the Wider Trust i.e. Blood Taking Holds/Trolley Hold. *Staff required dependant on the intervention being undertaken.*
Prone- Intentional	Prone Prone Seclusion Exit	**Patient is lay in FACE DOWN position.** Staff instructed Prone or Prone for Seclusion Exit and/or application of Emergency Response Belts. *Staff required is initially 3 (Head and 2 Arm Holds) Staffing likely to increase for leg holds (1 or 2 staff for Legs & Ankles). To introduce further staffing to legs requires Positive and Safe Referral and supporting Care Plan.*
Prone – Unintentional	Unintentional Decent into Prone	**Patient is lay in FACE DOWN position.** Patient driving selves forward into Prone from a Seated/Standing/Restrictive Escort hold. Staff move with this for safety and aim to convert the hold to **Supine** as soon as possible to do so.

		Staff required is initially 3 (Head and 2 Arm Holds) Staffing likely to increase for leg holds (1 or 2 staff for Legs & Ankles). To introduce further staffing to legs requires Positive and Safe Referral and supporting Care Plan.
Restrictive Escort	Moving with a patient in an Arm hold/Forearm hold	Walking patient in holds or Soft Cuffs, relocation from an area of risk/potentially moving to Seclusion. May include transferring into a vehicle. *Staff Required is minimum 2 (Arm Holds), increasing to 3 (Head Hold) for transfer through doorways etc.*
Seated	Seated De-escalation (Seated in Arm Holds)	Sitting in Forearm or Figure of 4 hold in seated position on a minimum of a 3-seater sofa. Seated holding on any other furniture moves this holding to – Other. This is due to this being a de-escalation hold only. *Staff required is 2 (Arm Holds). Further staff holding legs is **not** a taught technique within this Trust whilst in Seated.*
Seated – PAT Bag	Decent into Safety Pod	Descent into Safety Pod **(patient only)** from Rear Figure of 4 or Arm Holds. May also require staff to support leg holding. May be used for Deltoid IM or Gluteal IM in the Safety Pod.

		Staff required is 3 initially (Bag Brace and 2 Arm Holds) May increase with leg support. May reduce further if patient is de-escalating – staff must remain in eyesight of the patient if they remain in the Pod without staff. *N.B. Head Holds for the purpose of NG Feeding should be taught only to services who require this.*
Side	<u>The Positive and Safe Team do not train staff in "Side hold"</u>	STAFF MUST NOT USE THIS HOLD.
Standing	Standing in Arm Holds Reverse Figure of 4 Friendly Come Along	Static holding/Not moving. To stand in Arm Holds or Rear Figure of 4. Required for application of Soft Cuffs. *Staff required is minimum 2 (Arm Holds) increasing for further roles such as MRE application or progression to Restrictive Escort (potentially introducing a Head Hold).*

Supine – Intentional	Supine	**Supine = SPINE TO THE FLOOR** Patient **on their back** in holds. *Staff required is minimum 3 (Head and 2 Arm Holds). Can opt out from patient being seated on their bottoms before full descent to floor.* *Staffing likely to increase for leg holds (1 or 2 staff for Legs & Ankles). To introduce further staffing to legs requires Positive and Safe Referral and supporting Care Plan.*
Supine – Unintentional	Unexpected Supine	Patient drives themselves backwards in Restrictive Escort/Standing holds. **Supine = SPINE TO THE FLOOR** Patient **on their back** in holds. *Staff required is minimum 3 (Head and 2 Arm Holds). Can opt out from patient being seated on their bottoms before full decent to floor.*

		Staffing likely to increase for leg holds (1 or 2 staff for Legs & Ankles). To introduce further staffing to legs requires Positive and Safe Referral and supporting Care Plan.