

Procedures Manual

Title: RESTRAINT / PHYSICAL INTERVENTION

1.0 Scope

- 1.1 The appropriate restraint / physical intervention of residents determined by regulatory authorities and best practice.

2.0 Aims and Values

- 2.1 To ensure that residents' basic human rights and dignity are maintained by considering the use of restraint / physical intervention only in circumstances where there is a significant and serious risk of harm to either the resident or others.

3.0 Contents

- 6.0 General responsibilities.
7.0 Recording and reporting.

4.0 Referenced Documents

- C4-031 General Risk Assessment Form.
C4-039 Induction Checklist.
C4-056 Notification to an Enforcing Agency Form.
C4-079 Resident / Individual Service User Plan.
C4-095 Staff Training Record.

5.0 Responsibilities

- 5.1 The manager, senior staff and all care staff.

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This is the procedure to be followed

6.0 GENERAL RESPONSIBILITIES

- 6.1 The manager should ensure that a policy exists which sets out clearly to staff the circumstances under which restraint / physical intervention may be considered. The policy should follow the standards set out and agreed by the National Care Standards Commission.
- 6.2 Restraint / physical intervention should never be used without a formal assessment of the risk to safety for both residents and staff. This should be carried out using the General Risk Assessment Form, C4-031, and details included in the Resident / Individual Service User Plan, C4-079.
- 6.3 Staff induction training should cover the home's policy on restraint / physical intervention. The induction training should also form part of the Induction Checklist, C4-039, and be entered into the Staff Training Record, C4-095.
- 6.4 Where the risk assessment of a resident identifies that the use of restraint / physical intervention is appropriate to the safety and well-being of the resident, the manager should ensure:
- The appropriate method of restraint / physical intervention is identified.
 - Discussion takes place with the local Care Standards Commissioners regarding the proposed method of restraint / physical intervention, and their advice is sought as to alternatives.
 - Discussion takes place with relatives or advocates and social workers / care managers, where applicable, regarding the proposed method of restraint / physical intervention, ensuring that their views are also recorded in the Resident / Individual Service User Plan, C4-079.
- 6.5 Wherever possible, agreement should be sought from all the parties involved when it is felt that restraint / physical intervention is appropriate for the well-being of the resident. Where practicable, agreement should be sought before restraint / physical intervention is used, although this might not be possible in an emergency situation.
- 6.6 Only in an emergency (where the resident is at risk to themselves or others) should restraint / physical intervention be used without getting agreement from all the parties involved.
- 6.7 The manager should be aware of any other requirements to report to an agency or body which has an interest in the running of the home or the well-being of the residents.

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7.0 RECORDING AND REPORTING

- 7.1 The manager should ensure that records are kept in respect of the method of restraint / physical intervention and the agreed time and duration of the restraint / physical intervention, through entries made by staff in the Resident / Individual Service User Plan, C4-079.
- 7.2 The manager should be aware of the requirement to report some incidents, which fall within Regulation 37, Care Homes Regulations 2001, to the National Care Standards Commission. This should be done using the Notification to an Enforcing Agency Form, C4-056.

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