**PHYSICAL RESTRAINT**

_ubu_ believes that no individual should be physically restrained except in the paramount interest of that individual. In such instances physical management techniques must be used for a strictly limited time and for the ultimate safety and security of the individual, other people present and staff members.

**Non Restrictive Physical Restraint** is the use of methods which should _always be used before resort to restrictive physical restraint_ and might include diversionary techniques, verbal and non-verbal prompts and minimal contact which will enable the customer to engage with their supporter/s for the primary purpose of controlling their behaviour without restricting the free movement of that customer.

There maybe occasions where physical intervention is necessary as part of a clearly specified, approved behavioural programme which will be agreed upon by all people involved, (eg individual's relatives, social worker, advocates) and which forms a substitution of judgement agreement, _ie_ the individual themselves would prefer this method of intervention to be used in particular situations or circumstances. Any such occasions should be reported and carefully recorded in the manner required by _ubu_.

If physical intervention is used on any other occasion, the senior person on duty will be notified immediately who will report it and inform the individuals’ Customer Service Manager, so that a more satisfactory solution can be sought as a matter of urgency. A specific incident meeting should then be arranged with all involved parties to agree a future method of approach.

However, if it is found that physical management techniques have been used inappropriately, this will be deemed as abuse to the individual and an investigation will be launched, which could lead to disciplinary action and/or dismissal.

**PHYSICAL RESTRAINT PROCEDURE**

Physical restraint should, wherever possible, be avoided. Physical restraint should only be used as a last resort and _never_ as a matter of course. The use of physical restraint to ensure compliance from the customer being restrained _cannot_ be sanctioned as acceptable practice.

**Legal and Ethical Considerations**
The use of physical interventions raises important legal and ethical considerations, which include:-

**Protection for the Individual**
Adults with learning disabilities have the same rights in law as other people. This includes the right to live without interference from others. The use of physical interventions must therefore only be used when there is a legal justification.

**Duty of Care**
As a Provider of health and social care services _ubu_ owes a duty of care towards the people we serve which requires that reasonable measures are taken to prevent harm. In some circumstances it may be appropriate to employ physical interventions to prevent a significant risk of harm.
Preventative Strategies

Physical interventions are usually employed by staff when behaviour which is likely to cause injury or serious damage to property occurs. However, there is often much that can be done to prevent challenging behaviours from occurring or from escalating to the point where physical interventions would be required.

These preventative strategies will need to be identified for each individual and documented as part of their care plan.

Primary prevention

These are strategies which aim to prevent the occurrence of challenging behaviours and can be achieved by:

- helping individuals to avoid situations which are known to provoke violent or aggressive behaviour,
- having individual support specifications which are responsive to individual needs;
- creating opportunities for individuals to engage in meaningful activities which include opportunities for choice and a sense of achievement;
- developing staff expertise in working with individuals who present challenging behaviours.

Secondary prevention

This involves recognising the early stages of a chain of behaviours which are likely to develop into violence or aggression and employing ‘diffusion’ techniques to avert any further escalation.

The use of physical restraint as an intervention should always be viewed as a reactive short term strategy only. It is essentially a symptomatic response to prevent harm. There is a need to pursue more proactive, comprehensive management strategies that take account of the functional nature of the aggression eg 'What is the customer trying to communicate?' - 'I am frightened, bored, under pressure, unwell' etc.

All prevention strategies should be carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities or have an adverse effect on the individuals welfare or quality of life.

Guidelines for good practice

Where non-physical methods have failed, or the incident is of such significance to warrant immediate action, a decision will have to be made to intervene physically. In doing so the following should be borne in mind:

- make a visual check for weapons including items which could be used as such;
- continue to explain, as appropriate, the reason for such intervention;
- One member of the staff team should assume control of the incident;
- The individual should be approached where possible and agreement sought to stop the behaviour, or to comply with a request;
- Where possible staff should give the individual an explanation of the consequences of him or her refusing to desist;
- Other people not involved in the use of restraint should be asked, or guided, to leave the area quietly.
Planned physical interventions should be:

- agreed in advance by a multi-disciplinary team working in consultation with the customer and his or her carers;
- included as part of the customers care plan;
- recorded in writing so that the method of physical intervention and the circumstances when it is sanctioned for use are clearly understood.

Emergency use of physical interventions may be required when individuals behave in unpredictable ways. Where emergency physical interventions are used they must be followed up by a review to consider the need to develop further preventative strategies and planned physical interventions.

**Risk Management and Physical Interventions**

When physical interventions are used, it is important that appropriate steps are taken to minimise the risk to both staff and the customer involved.

Among the main risks to individuals are that physical intervention will:

- be used unnecessarily, other less invasive methods could have achieved the desired outcome.
- cause injury;
- cause pain, or distress;
- increase the risk of abuse. (All staff must be aware of their responsibilities and duties contained within the ‘Policy and Procedures for The Protection of Vulnerable Adults from Abuse’);
- undermine the dignity of the individual or staff;
- create distrust and undermine personal relationships.

The main risks to staff include the following:

- as a result of applying a physical intervention they suffer injury;
- as a result of applying a physical intervention they experience distress or psychological trauma.

Whenever it is foreseeable that a customer might require physical intervention, a risk assessment should be carried out which identifies the benefits and risks associated with different intervention strategies and ways of supporting the customer concerned.

**Documentation**

All incidents must be recorded on violent incident form (HS/18).

Support Leaders/line managers must counter-sign the form and make written recommendations with regard to follow up actions.

**Post Incident Management**

Debriefing must take place after physical interventions are used which can be individual and/or team focused. It should be held shortly after an unusually stressful incident, strictly for the purpose of dealing with the emotional residuals of the event, by:-

- helping staff come to terms with what has happened;
- offering reassurance and support;
• getting people to focus on facts and give information;
• explaining the subsequent help that is available should it be required.

It is essential that Support Leaders ensure regular structured supervision sessions are planned and take place for direct care staff, particularly those care staff who are working with clients whose behaviour is described as difficult to manage.

Any non-sanctioned use of physical intervention will be considered gross misconduct and subject to disciplinary procedures.