NHS Grampian

Guidelines for the Use of Physical Interventions

The guidance contained herein replaces the 'OH&S/POL 3.3 Physical Intervention Policy'.

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Introduction

Physical Intervention is the process of using physical skills to either disengage from or restrain an individual who is being physically aggressive.

NHS Grampian uses the General Services Association (GSA) model for the therapeutic management of workplace violence and aggression (V+A).

The GSA model provides nationally recognised and medically and ethically approved interventions when managing challenging, aggressive or violent behaviour.

NHS Grampian has in place a training team incorporating a number of very experienced instructors, including a senior instructor, from across the organisation, who deliver a training programme which is designed according to organisational need and with the capability to react to any issues that staff may experience in the use of physical interventions.

Staff should complete training to an appropriate level for their working environment. This can be ascertained by completing a departmental risk assessment and training needs analysis for violence and aggression. This should fully consider any foreseeable risks and the expectation of staff to manage those risks in that environment. This may vary considerably from area to area.

Staff should update and refresh their skills regularly. NHS Grampian states that all physical intervention skills should be refreshed, as a minimum, annually in order to satisfy a level of training that is reasonably practicable for areas of risk.

In cases where 'Level 3 Advanced' restraint training is required, NHS Grampian guidelines are that that failure to complete a 'Level 3 Advanced Refresher' over a 3 year period will result in the need to re-attend the initial 'Level 3 Advanced' course in full in order to satisfy training that allows staff to safely manage risks associated with physical intervention in their work area.

As well as attendance on annual updates it is recommended that staff keep themselves aware of relevant underpinning legislation and guidance in relation to the use of physical interventions.

1. Legal and Ethical Considerations for staff

The use of physical interventions in order to manage violence and aggression should be considered only where there are no alternatives available and is to be avoided whenever possible.

The law in Scotland permits the use of force only in circumstances where it is deemed necessary for: -

- Self Defence - In such circumstances, the law places an obligation on a potential victim of violence or aggression to retreat and escape. Only where there is no opportunity to disengage is self-defence likely to be considered legitimate.

- Compulsory powers under the Mental Heath (Care and Treatment) (Scotland) Act 2003.

- Legal provisions (namely Welfare Guardianship) under the Adults with Incapacity (Scotland) Act 2000. Staff should note that the act makes provisions under Section 47 where a person is incapable of making decisions about medical treatment deemed necessary by the following – the medical practitioner primarily responsible for their treatment, a dental practitioner, an optician, a registered nurse or an individual designated specifically by the Scottish ministers to safeguard and promote the welfare of the individual. The use of force or detention is not authorised unless it is deemed immediately necessary and for as long as is necessary in the circumstances. It does not allow an adult to be placed in hospital for the treatment of a mental health disorder – mental health (Care and Treatment Act) (Scotland) 2003 legislation must be used in this case.

- Necessity - Under Common Law restraint is allowed to prevent the individual from harming themselves or others. This can also include the protection of property and prevention of a crime.

- Duty of Care - This means that staff that have a duty of care must do what is reasonable to protect an individual from 'reasonably foreseeable' harm. Where an individual's actions put them or others at risk, staff may have to use restraint to protect themselves or others from immediate harm. Restraint must never go beyond what is normal and permissible good practice.

- The prevention of a crime - It is important that individuals take no action that may jeopardise their safety or that of any other person where only property is at risk.

Even when a legitimate reason for the use of force exists, the law requires that it be reasonable. To satisfy these criteria the force used should be no more than necessary to achieve the objective for which it is intended and the force used must be in proportion to the harm either threatened or perceived by the individual. Using force for means beyond what has been stated may constitute a criminal offence (i.e. an assault).

Managers and staff should ensure that they have the appropriate level of training to manage any foreseeable risks involving violence and aggression and that their staffs's training is up to date. Risk assessment and training

needs analysis tools should be used in the assessment process for this. The training team can be contacted to provide support in assessing the levels of training that are required. Staff should ensure that they seek appropriate levels of support before using any physical intervention. You should have enough staff to manage the intervention and to support other patients within the clinical area. You must remember at all times that the purpose of physical intervention is to safely manage a situation for staff and patients alike.

2. Safety considerations for staff

In most aggressive situations, it is unsafe for staff to use restraint techniques alone and the priority must therefore be to disengage and seek assistance. Staff can use any local emergency response protocols that are in place or contact Police Scotland on (9)999.

Police assistance must be sought immediately if;

You are particularly concerned about a situation.
If the situation is escalating out with your control.
If there is an individual that you want removed or has refused to leave.
If there has been an injury to a member of staff.
If a weapon is involved.

Staff who are carrying any injuries which may limit their ability to employ an intervention should make their line manager aware at the earliest opportunity.

Any intervention must be measured and appropriate based on the level of risk perceived by those involved

3. Safety Considerations for patients – Best Practice

Staff must consider the safety of the individual which they are using the interventions on at all times. The good practice guidelines contained in this section outline key considerations for staff members.

Wherever possible an intervention will be written into a care plan and all staff will be made aware of this. This will ensure a safe and consistent approach when intervention is required. Where this is not possible staff should have the ability to assess the risk continually and to adjust the intervention as required.

In all cases prevention should be the primary goal. Any response to aggression should be graduated. Staff will try and use their experience to verbally calm the individual. Verbal reassurance and distraction should always be the first thing that staff use. Should this not work staff can modify the response according to the level of threat perceived. Where there are high levels of aggression staff will be using more restrictive holds to control an individual. Staff should have the fullest regard for their own safety at all times.

A designated team leader who is usually the first person there, but always someone appropriately trained, will co ordinate the intervention and lead

communication with the individual. Always ensure that there is clear delegation of this responsibility at the earliest opportunity.

The team leader will take responsibility communicating with colleagues and the individual. Constant dialogue where reasonable - should be maintained with the patient to ensure that difficulties are identified.

All staff involved are responsible for the wellbeing of the individual and must be vigilant in monitoring for signs of distress.

The patient's airway must be maintained at all times and pressure should never be applied to the neck, chest, head or abdomen.

Where the individual is obese or has cardiac or respiratory problems prone (face down) restraint is not appropriate – supine restraint (face up) or restraint in a chair must be used.

Techniques should be modified accordingly in relation to the young or elderly or any patient with known physical limitations.

Where the physical or medical history of the individual is not known then staff must have the fullest regard for their condition during and after the intervention. Again staff must have the ability to modify the intervention where issues arise and in any case as the individuals level of aggression decreases.

If the individual shows signs of distress staff should relax the intervention to allow for assessment. This assessment will be ongoing throughout the intervention.

Staff must be aware that this can sometimes be used as a ruse to escape restraint and take appropriate measure to ensure their safety also.

Where an individual has been in a restraint for a considerable period of time staff should ensure that they allow the individual to mobilise their joints and large muscle groups. This can be achieved safely while maintaining the restraint.

Staff must be aware of the risk of dehydration and overheating. Symptoms of this are profuse sweating, flushed skin, hoarseness and complaints of thirst.

If the individual falls asleep during restraint they must be placed in a designated recovery position and an appropriately trained member of staff should be in attendance.

There may be circumstances when more specialist intervention is required. For example in the case of a bariatric patient who may require physical intervention or someone whose level of aggression means that the physical interventions taught are ineffective. In cases such as this contact the Risk Management Advisor (Violence and Aggression) or the Health and Safety

training team (Violence and Aggression) and seek their support at the earliest opportunity.

4. Restraint Related Death

Restraint related death can occur due to a wide variety of reasons and all physical intervention should be considered a risk. What may be deemed a dangerous or inappropriate use of restraint is relative to the individual being restrained and their physical state. Any physical intervention should only be carried out with full regard of the risks involved. A brief overview of main concerns is provided but it should be noted that this is not exhaustive.

Positional Asphyxia can occur when someone's body position prevents them from breathing adequately and can result in sudden death. There are 3 ways in which someone's body position can restrict their ability to breathe during a restraint;

- Obstruction of the nose or mouth
- Application of weight which restricts the expansion of the rib cage and preventing breathing
- Organs being pushed in a position where they restrict the movement of the diaphragm and lungs ability to expand

Staff should ensure that none of the above occurs during any intervention and that signs of distress and the patient stating that they can not breathe should be heeded. Where a patient is obese, the use of supine restraint should be considered over prone.

Positional asphyxia is a risk when employing any physical intervention and while certain positions may present and increased level of risk staff should be aware that ALL physical intervention should be considered high risk.

NHS Grampian trains its staff to use and adapt different versions of standing, chair and floor restraint. Risk factors which may increase the chance of death include obesity, prior cardiac or respiratory problems, and the use of illicit drugs such as cocaine. While restraint is a very high risk physical intervention it should also always be considered a fluid process – this means that observation and adaption of the physical intervention occurs according to the circumstances at the time.

Almost all subjects who have died during restraint have engaged in extreme levels of physical resistance against the restraint for a prolonged period of time.

Other issues in the way the subject is restrained can also increase the risk of death, for example kneeling or otherwise placing weight on the subject and particularly any type of restraint hold around the subject's neck.

This is never permitted under any circumstances.

Warning signs

- Gurgling or gasping sounds. There may also be foam or mucus coming from the nose or mouth.
- Verbal complaints of being unable to breathe properly together with increased effort.
- A violent and noisy person suddenly changes to a passive quiet and tranquil demeanour.
- Blue discoloration to facial skin: (this is difficult or impossible to see with much pigmented skin or darker skin. In these cases cyanosis can be assessed by the colour of the membrane in the eye lids, gums and lips.
- It should be noted that persons suffering breathing difficulties may not be able to complain about their discomfort.
- The problems experienced in trying to breathe will normally result in a physiological response of fighting for air and the subject may thus appear more aggressive. This could lead to the restraint pressure being increased which then increases the risk to the individual. Any increased resistance from a person lying in a prone or semi-prone position should be regarded with caution.

Excited delirium is a type of acute behavioural disturbance that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behaviour, insensitivity to pain, elevated body temperature, and superhuman strength. There are many potential contributory factors. Chronic drug abuse and/or mental illness are consistent themes presented in research, although there is no firm definition at present

Excited Delirium presents numerous challenges in the physical management of someone experiencing this condition due to the violent struggles and the 'super human strength' sufferers can present. Death can occur due to cardiac or respiratory arrest and is very sudden.

The symptoms of excited delirium may also be symptomatic of other conditions, which if not treated, can lead to the rapid deterioration of the patients' health. These include

- Hyperthermia – Greatly increased body temperature which may have underlying medical causes but in the context of physical intervention may occur due to a prolonged struggle
- Delirium Tremens – Associated with acute alcohol withdrawal and indicated by irregular or rapid heart rate, heavy sweating and rapid muscle tremor.
- Hypoglycaemia – Indicated by a number of physical presentations including dizziness, irritability, racing pulse, involuntary trembling and sweating
- As a result of head injury – Again while there are numerous indicators of this there are a number which may present during

incidences of aggression such as confusion, impaired speech, irritability or unusual behaviour.

Medical staff must be called as soon as possible if you suspect excited delirium or any of the above. Due to the risk of sudden death, containing the patient rather than restraining should be considered in situations where violence does not pose an immediate risk to safety.

Pre-existing clinical conditions may also increase the risk of restraint related death, in particular conditions that affect the cardiovascular system. Histories of heart disease, asthma and epilepsy must be fully considered before proceeding with any physical intervention as the sudden increase of heart rate and stress that comes with violent struggle can trigger a rapid deterioration in health. As well as the concerns with positional asphyxia, obesity is known to place excess pressure on the heart, which may be exacerbated by a violent struggle

Drug and alcohol intoxication can affect the body in a variety of different ways. Individuals under the influence of alcohol and cocaine have an elevated likelihood of engaging in violent behaviour. Prolonged abuse of alcohol and some illicit substances are known to have damaging effects on the cardiovascular system, which present a risk during a violent struggle.

It is documented that a high percentage of fatalities during restraint involved extreme levels of physical resistance against the restraint for a prolonged period of time. While it is not practical to place time limits on restraint, staff must be aware that the risk of distress increases the longer the restraint and in particular, struggling against restraint, continues. Staff must be prepared to re-evaluate the use of restraint where signs of distress emerge.

Signs of Distress

All signs of distress should be heeded and not considered a ruse to escape. Warning signs that a patient may be in distress include;

- Cyanosis (Bluish or purple discoloration of the skin indicating a lack of oxygen)
- Complaining of being in pain
- Complaining of not being able to breathe
- Complaining of feeling sick
- Vomiting
- Complaining of chest pain
- Sudden cessation of struggling
- Fainting
- Profuse sweating
- Hyperventilating
- Making animal like noises

Where signs of distress are evident staff must immediately modify what they are doing so that an accurate assessment can be made and medical staff be called as soon as possible.

It is more common in males with a history of severe mental health problems or drug misuse where stimulant drugs are used such as cocaine. It can manifest itself because of alcohol abuse or head trauma or where there has been cardiac arrhythmia or positional asphyxia – often this is seen where the individual is fighting against a physical intervention.

5. Medical Involvement and Rapid Tranquillisation

It must be noted that in some specialist areas within NHS Grampian that violent behaviour will be expected from some patients due to the nature of their clinical condition. The use of physical interventions in these areas can often be expected and will become part of the individuals care plan.

Any violent or aggressive incident where physical intervention is used should be considered a clinical emergency.

Medical staff must attend as soon as possible to assist with the management of the individual. The team leader as defined previously is responsible for ensuring that this happens if and when necessary.

If the use of emergency sedation or rapid tranquillisation is needed then staff should ensure that this is documented appropriately in the person's nursing / medical notes and on DATIX.

6. Threats with weapons

A weapon refers to any object that could be used to harm staff from furniture and walking sticks to knives and needles.

Staff should withdraw to a safe distance if a weapon is presented by an individual or the individual implies that they may have a weapon on their person.

Call the police immediately (9)999 – they are trained in the management of these incidents and have specialist equipment to deal with the situation.

If safe to do so, then staff can engage in dialogue. The objective of staff must be to encourage the aggressor surrender the weapon or to place it in a neutral area away from both parties for removal later.

Staff should not attempt to disarm the aggressor unless there is an immediate threat to their personal safety.

If an aggressor attempts to intentionally harm an individual with a weapon, staff are entitled to exercise their right to self defence with the objective of removing any immediate threat.

It should be noted that this course of action is at the staff members' discretion and their own risk.

In instances where there is or suspected to be a firearm present staff must contact the police immediately on (9)999 and follow their instructions.

7. Recording and Reporting incidents

Staff must ensure that as soon as practicable the incident is recorded on DATIX and that the individuals nursing and or medical records are updated accordingly. A specialist short form for the recording of a violent incident can be found on the main DATIX page.

Staff should include as much information as possible in relation to the use of physical interventions including names or descriptions of techniques, if pain compliance was used and if any injuries were sustained. It is not sufficient or appropriate to write 'restrained according to policy / procedure…' as this will not provide sufficient information should the incident need to be investigated or returned to in the future.

The type of intervention used must be recorded as well as the staff members involved. Always document the type of holds used and the nature of the intervention (e.g. two staff - chair restraint or three staff - prone floor restraint).

It can be time consuming but it is good practice to ensure that the reporting is as detailed and accurate as possible. This can assist other staff in the future management of aggressive situations with the individual. Also where there are criminal procedures or formal inquiries pending the information will all be available to those who require it.

Ensure that injuries to those being restrained are documented and medical attention is provided as required. This also applies to staff members who have been involved in the restraint.

Staff must ensure that any external reporting is also completed (e.g. MWC, Police, RIDDOR) as soon as possible.

8. Staff Support

All serious incidents must be investigated as soon as possible following the incident. There may be learning points from the investigation which can be communicated to the team involved or the wider organisation if appropriate.

Staff must be supported following a violent incident and throughout any follow up investigation. Incidents of violence and aggression are stressful for all involved and the effects may be felt long after the incident is over. Please do not assume that everyone is okay because they say that they are – allow them time to recuperate and support them as required. Often this will be an informal process but staff should be aware that there are formal support mechanisms available through the Occupational Health Service (OHS).

Informally it can be beneficial to gather all staff that were involved in the incident and to discuss it fully. Staff must be supported in expressing themselves honestly and in examining their role in the management of the incident and issues that they feel need to be explored further.

9. Risk Assessment and Staff Training

Managers are responsible for ensuring that suitable risk assessments are carried out to identify risks in their work areas and ensuring that measures are in place to reduce or control these risks (NHS Grampian Management of Challenging behaviour, Violence and Aggression Policy).

Risks will be clearly documented and all staff that may be faced with these risks will understand and be able to use any measures that are put in place to manage them. The use of Safe Systems of Work (SSoW) to reduce these risks will include the use of alarm systems (Tracking systems such as Pinpoint or Multi Tone or Personal attack alarms) or training staff to appropriate levels to manage violence and aggression).

It is expected that all staff complete training that covers a basic awareness of emergency response protocols, personal safety, incident reporting and basic definitions of violent behaviour as well as knowing how to obtain relevant policies and procedure documents pertaining to violence and aggression. This can be satisfied by completing the appropriate modules of the eLearning package or Level 1 course. The levels of training available are as follows

Theory Courses

E-Learning:
Theory content can be covered online via the NHS Intranet. This consists of several modules which will take approximately 20-30 minutes to complete. The full course covers all the main topics addressed in the face to face teaching sessions. The modules are broken up so staff can access information relevant to their areas and avoid training that is not relevant.

Level 1:
This is a face to face course covers the main theoretical aspects of violence and aggression. It is aimed at all staff that may have interaction with patients or the public on a regular basis. It covers a variety of topics such as forms of aggression, triggers to aggression, warning signs, situational risk assessment, de-escalation techniques, legal and ethical issues, incident recording and staff support. This course is a like-for-like equivalent of completing all the eLearning modules. Sessions are usually held in the Suttie Centre but can be held in local areas on request.

Disengagement Courses:

Breakaways:

This half day course is aimed at staff in environments that may involve physical contact with patients or members of the public but carry a low risk of violent or aggressive incidents. The course is largely practical covering a variety of safe and ethical means of disengaging from attack. It also involves some discussion relating to self defence and personal safety.

Level 2:
This full day course is aimed at staff that may come into physical contact with patients or members of the public where there may be a risk of an attack. Staff are advised to have completed and appropriate amount of theory training prior to attending this course as Level 2 training requires some background knowledge. This may be done via the E-Learning package. The course is largely practical covering a variety of safe and ethical means of disengaging from attack and utilising techniques which help with skill retention. It goes on to discuss issues surrounding self defence and personal safety. This course takes place in the Suttie Centre or locally on request provided a suitable venue is available.

Restraint Courses:

Level 3: Restraint

This course is aimed at staff working in high risk areas that may be expected to restrain patients as a course of their duties. All levels of restraint are covered from low level single person restraint to 3 person planned physical intervention. Principles of ethical restraint and legal considerations are thoroughly addressed to ensure staff obtain a good understanding of the responsibilities in restraint. This course can only be held at the Suttie Centre as it requires the use of safety equipment that can not be moved. It is advised that staff attending this course should have completed appropriate theory and disengagement training prior to attending.

Refresher Training

Attendance at refresher training should take place, at a minimum, annually to ensure that staff are as up to date as possible with techniques and legal guidance.

Intermediate Restraint:
This restraint course is aimed at staff that will be expected to restrain or assist in the management of aggressive individuals. It covers as far as 2 person restraint to floor, suitable for moderate to high levels of aggression and techniques for assisting in an ongoing high to very high risk restraint being led by appropriately trained staff. This course can only be held at the Suttie Centre as it requires the use of safety equipment that can not be moved. It is advised that staff attending this course should have completed appropriate theory and disengagement training prior to attending.

Low Level Restraint:
Safe restraining and escorting techniques for managing low to medium levels of aggression. Designed for areas where relocation of patients may present a risk and where standing or seated restraints may be appropriate.

Trolley Restraint:
How to manage low levels of aggression with patients confined to a bed in a safe and dignified manor.

It is possible to run courses together on the same day, depending on the time requirements for the requested courses. Contact the training team for further information.

Information on dates and times of training and also bookings can be made through the Learning and Development department on [redacted] Tailored training can be arranged by contacting the Health & Safety Facilitators

Useful contacts

[redacted] Risk Management Advisor (Violence and Aggression Lead) – [redacted]

[redacted] (Senior Security Officer) NHS Grampian– 01224 (5)52945 or [redacted]

Health and Safety Facilitators (Violence and Aggression) – [redacted] or [redacted]

Quality Governance and Risk Management Unit (For Risk Management Support) [redacted]

Learning and Development Team (for course bookings only) – [redacted]