

## Therapeutic and Safe Interventions and De-Escalation Policy

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<b>AUTHOR:</b>	Restrictive Steering Group	
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<b>POLICY SUMMARY</b>		
<p>This policy aims to ensure that all staff are provided with the information required to enable them to adhere to the principles that underpin the use of restrictive practices and the aim to reduce the use of restrictive physical interventions within the Trust. These principles follow safe and therapeutic responses to disturbed behaviour (MHA Code of Practice, 1983, updated 2015) current best practice guidance.</p>		
<b>The Trust monitors the implementation of and compliance with this policy in the following ways;</b>		
Through the monitoring of Datix forms, compliance figures for training.		
<b>Services</b>	<b>Applicable</b>	<b>Comments</b>
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is  
Executive Nurse**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**THERAPEUTIC AND SAFE INTERVENTIONS AND DE-ESCALATION POLICY**

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SAMPLE ONLY

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## TASID POLICY

<b>Assurance Statement</b>
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The Trust provides a service to people who may require support to when presenting with behavioural disturbances and this policy and associated procedural guidelines aims to promote a consistent positive and therapeutic approach to averting behavioural disturbances, through early recognition and de-escalation.

The governance arrangements within this policy ensures that the Trust takes all reasonable steps to promote appropriate use of and prevention strategies and avoid the misapplication of restrictive practices, particularly physical interventions in line with procedural guidelines.

- The policy aims to outline and define restrictive practices;
- Enable the practitioner to ensure that their practice is lawful, necessary, reasonable and proportionate;
- Guide the practitioner in applying the least restrictive option available
- Promote open communication
- Ensure that dignity, respect, accountability, autonomy and fairness are the fundamental elements of the management of behavioural disturbances

Responses to behavioural disturbance include;

- **Primary interventions** e.g. Positive Behavioural support plans, No Force First model, Trauma Informed Care approach, medication intervention/review enhanced levels of observation.
- **Secondary interventions** e.g. De-escalation
- **Tertiary intervention** e.g. Physical restrictions, debriefing of patients and staff, rapid tranquilisation, seclusion procedure, long term segregation procedure.

<b>1.0 INTRODUCTION</b>
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- 1.1 The Trust recognises and acknowledges that staff need to support people whose needs and risk histories may present with behaviours that challenge. This can be in an emotional or physical way and can be challenging.
- 1.2 Recovery Based Approaches are used to delivery care in accordance with the principles of a positive, safe and supportive environment.
- 1.3 Restrictive practices may have to be used to safely manage challenging behaviours. This may involve the physical containment of an individual. For example door locks to ensure patient / residents cannot leave a designated building or area. There may be other examples of more subtle restrictive practices which may be harder to acknowledge such as prescribed medication in the form of a chemical restraint by means of sedative medication on a short or

long term basis, inappropriate use of blanket rules. For guidance in relation to such practices a number of additional policies and clinical guidelines have been developed.

- 1.4 The Trust advocates, that any violence and aggression will not be tolerated. The Trust recognises that staff have a right to work, and patients / residents have a right to be cared for, in safe environments. See Trust policy Criminal Behaviour within a Mental health Environment CP22 (Zero Tolerance).
- 1.5 The most common reason for needing to consider the use of restrictive physical interventions are:
  - Physical assault by the patient / resident
  - Dangerous, threatening or destructive behaviour
  - Self-harm or risk of physical injury by accident
  - Ensuring and maintaining privacy and dignity where an individual's mental state prevents independent self-management
  - Extreme and prolonged over activity that is likely to lead to physical exhaustion
  - Attempts to escape or abscond (where the patient / resident is detained under the MHA or deprived of their liberty under MCA).

## 2.0 DUTIES

- 2.1 The Chief Executive has overall responsibility for ensuring the principles of this policy and associated guidelines set out by statutory and regulatory authorities such as the Department of Health, Commissioners and the Care Quality Commission and other associated policies are implemented across the organisation. The duty to ensure that all measures needed for the therapeutic prevention, monitoring and management of restrictive practices is delegated to Directors within their areas of responsibility. The Chief Executive has overall responsibility to ensure that patient / residents are protected from abuse and appropriate resources exist to meet the needs of this policy.
- 2.2 The Board of Directors are fully committed to a safety culture within the organisation and will ensure the effectiveness of restrictive intervention reduction plans. The Board of Directors has to ensure the development of action plans in response to the audit of annual positive behavioural support plans.
- 2.3 The Executive Chief Operating Officer is the Executive Lead for the therapeutic prevention and management of challenging behaviour including restrictive practices and restrictive practice reduction plans. This will ensure:
  - Policy and procedures are embedded into clinical practice as well as ensuring they are monitored and updated regularly using latest recommendations.
  - Implementation and regular review of this policy.
  - That the board receives information and develops action plans in response to the annual audit of behavioural support plans and restrictive interventions statistical data looking at the quality design and application

- That executive board members who authorise the use of physical interventions undertake awareness training so they are fully aware of the techniques their staff are being taught.
- All operational managers are aware of this policy, understand its requirements and support its implementation with relevant staff.

2.4 Executive Medical Director / Consultants

- The Executive Medical Director and consultants are responsible for ensuring procedures are understood and carried out by medical staff involved in the implementation of this policy.

2.5 The Trust's Risk Management Team is responsible for:

- Ensuring there is a restrictive practice group which monitors and considers Datix reporting regarding restrictive practices. Managing statistical incident information and identifying trends across the organisation.
- Acting as an advisor on non-clinical risk management in the workplace and reporting actions required to reduce or eliminate the risk to staff.
- Providing reports to service commissioners on the use of restrictive practices
- Recording episodes of restrictive interventions (planned or unplanned) and capturing information on the level of intervention to ensure that the least restrictive option has been used.
- Ensuring accurate internal data is gathered and reported through the mandatory reporting mechanisms
- Provide information and reports when requested on statistics in relation to restrictive practices, or to show staff how to download reports from the system.

2.6 Directors and Senior Management will:

- Monitor the implementation and use of this policy by their teams.
- Take action to ensure that all staff are appropriately TASID trained relevant to their role and responsibility (subject to health related exceptions).
- Ensure that there are a minimum of 3 restraint trained staff are on duty on mental health wards if it is not possible to staff the ward in line with agreed establishments.
- Lead and monitor the use of risk reduction plans by their teams.
- Investigate Datix incidents relating to restrictive interventions where there is a significant risk or where injuries were sustained.
- Ensure that appropriate incident prevention and management processes are in place, implemented and monitored in their teams.
- Ensure the least restrictive interventions are used at all times
- Ensure that patient / residents are protected from abuse.

2.7. Local Security Management Specialist is responsible for:

- Leading on day to day work in the Trust to tackle violence against staff and professionals in accordance with the NHS national framework and guidance.
- Having professional awareness of the complex reasons for violence within services and participation in strategic planning to promote the Trusts pro-security culture.
- Providing reports and trend analysis to the Health, Safety & Security Committee regarding violence and aggression incidents.
- Providing advice and support to Trust staff on undertaking risk assessments and risk reduction plans related to challenging behaviour including violence and aggression.
- Providing post incident support to all staff that have been assaulted as well as any member of staff affected by an incident of violence.
- Liaison with the police as appropriate in relation to potential criminal prosecution.

2.8 Workforce, Development & Training Department is responsible for:

- The TASID trainers will monitor the Datix as well as the details from both the weekly restrictive practice report and monthly Prone Restraint incident Analysis report for their clinical areas.
- The TASID Instructor allocated to the clinical areas will provide support, advice and guidance regularly, by phone, email and visiting the clinical areas when necessary.
- The TASID trainers will ensure the course delivery is continually updated to ensure that the training and educational needs meet national standards as well as clinical requirements.
- The TASID trainers will ensure that any changes in professional knowledge and practice are regularly discussed within Restrictive Practice group and fed back to the training team and clinical areas.
- The TASID trainers are part of the PMVA partnership (which consist of Avon & Wiltshire University Trust, Oxford Health University Trust, Surrey & Borders University Trust and Somerset University Trust) ALL are required to attend annual revalidation, where both physical and theory elements of training are revalidated by the organisation within the partnership.
- All TASID Instructors (not the clinical based instructors) are required to attend the partnership revalidation to be assessed by all the PMVA leads. The TASID lead is required to be part of the assessment process of the revalidation of each instructor.
- The physical techniques which are facilitated in TASID course are required to be reviewed every 2 years by independent physiotherapies, who will REBA risk assess each technique, Following National standards.

- Clinical based instructors are required to be revalidated yearly, by the full time Tasid instructors. To ensure both Physical skills and theory elements of the training are up to the required standards to teach Tasid and to be signed off by the Tasid lead.
- New fulltime or clinical based base TASID instructors are required to undertake a 3 week (15 day) TASID training course. Which will be facilitated by the full time TASID instructors and assessed and sign off by the TASID lead.

### 2.9. Managers and other Persons in Charge will:

- Monitor the implementation and use of this policy.
- Take action to ensure that all staff are appropriately TASID trained iTASID relevant to their role and responsibility (subject to health related exceptions)
- Ensure that there are a minimum of 3 TASID trained staff on duty on mental health/ learning disability wards if it is not possible to staff the ward in line with agreed establishments (unless local staffing is less than this number)
- Ensure that the Trust Risk Management Team is appropriately notified of all incidents via Datix as per incident reporting policy.
- Actively review information recorded via Datix incident forms and investigates incidents appropriately. Ensure that appropriate incident prevention and management processes are in place, implemented and monitored in their teams.
- Ensure staff and patient receive immediate debrief and offered post incident debrief.
- Where required undertake a critical incident analysis for lessons learned to be shared via appropriate reporting structures.
- Complete and review appropriately a Workplace Risk Assessment for Violence & Aggression for their service and area of responsibility (See Trust Risk Assessment Policy) ensuring that systems and procedures are in place for the effective management of any identified risk.
- Ensure all patients have a Behavioural support plan where appropriate completed on admission.
- Ensure No Force First approach is applied to all patients care.
- Ensure a Trauma Informed Care approach (which is an integral element principal of the no force first approach) is applied to all patients care.
- Ensure staff are aware of Restrictive Practice Framework.
- Where required ensure staff have access to security devices / alarms. (Lone working devices and pinpoint).
- Active engagement at ward manager/ Matron level in Restrictive Practice Steering Group.

2.10 Individual staff:

- All staff have a responsibility to attend TASID training yearly and adhere to all new standards, procedures and techniques delivered in these sessions
- All individual staff have a duty of care to ensure that least restrictive intervention possible is practiced.
- Ensure staff adopt a No Force First approach to patient care which is an integral principal of the no force first approach.
- Ensure staff are aware and support the implementation of the Restrictive Practice Framework.
- Ensure every patient in their care has a Positive behavioural support plan where appropriate completed on admission to service/unit.
- All individuals have a duty of care to ensure that patient / residents are protected from abuse.
- Must assess risks and take precautions where they believe that a situation could result in a violent or aggressive incident and where required record information about a patient / resident and brief other relevant staff as necessary to maintain their safety.
- Must take all necessary actions to prevent personal attacks to themselves and others and to defend themselves if appropriate using the minimal amount of force to ensure their safety and escape.
- Undertake appropriate and approved training appropriate to their role.
- Must ensure that they report all incidents surrounding prevention and management of violence and aggression using Datix as well as discussing with the line manager if there is a change in clinical risk.
- Where an individual has been issued with a lone worker device, or other safety devices, they must use it in compliance with the training and instruction provided and to report any problems using the device.
- Are accountable for attending appropriate training in line with Induction & Mandatory Training Policy. Is this necessary
- Have a dual responsibility with The Trust for their health and safety in relation to patient / residents' challenging behaviour including violence and aggression.
- Will always respond in a safe and timely manner to emergency incidents to ensure the safety of staff and others.
- Will immediately report non availability of required alarms or other safety equipment.
- Must ensure Positive Behavioural support plans are written, implemented and reviewed as appropriate.
- If patients / residents wish to formally raise a concern they will be reminded of how to access the local complaints process and independent advocacy services. They will be made aware of how to request the Trust policy' on restrictive interventions.
- The safeguarding team will be informed whenever a patient / resident raise concerns about restrictive interventions. Patient / residents who need alternative support will be offered this support to access and use the complaints procedure.



### 3.0 DEFINITIONS

The Trust follows the Department of Health guidance and definition of Restrictive Practice set out in the Positive and Proactive Care: Reducing the Need for Restrictive Interventions, 2014 document:

***‘Deliberate acts on the part of other person(s) that restrict an individual’s movement, liberty and/or freedom to act independently in order to:***

- Take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and
- End or reduce significantly the danger to the person or others; and
- Contain or limit the person’s freedom for no longer than is necessary’

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Page 9 of 113.2 The Skills for Care and Skills for Health, a Positive and Practice Workforce (2014) provide a simple definition:

***“Making someone do something they don’t want to do or stopping someone doing something they want to do.”***

The Mental Health Act Code of Practice advises it is “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. More specific examples are available in the associated guideline.

### 4.0 PRINCIPLES

This policy is broken down into 4 main components

1. Standards supporting pre-delivery of Restrictive Practices
2. Standards supporting delivery of Restrictive Practices
3. Standards supporting post-delivery of Restrictive Practices
4. Standards supporting Risk Reductions of Restrictive Practices

4.1 TASID training to reflect the RRN standards:

- Ensure Behavioural Support Plans are available on all units to be completed with patient on admission to service or unit where appropriate.
- Ensuring the Trust has communicated NO First Force model to all relevant staff.
- Ensure the trust has communication Trauma Informed Care approach to all relevant staff.
- Ensure a 2 tier debriefing process is in place for staff and patients.
- Ensure Restrictive Practice strategy is communicated with all relevant staff.
- Ensure Restrictive Practice Framework is communicated with all relevant staff.

- 4.2 TASID training has achieved certification against the RRN standards via BILD:
- Ensure a Behavioural support Plan is completed/reviewed for patients where appropriate on admission to service or unit.
  - Ensure staff are adopting a No Force First Approach to patient care.
  - Ensure staff are adopting Trauma Informed Care approach to patient care.
  - Ensure staff and patients are offered the 2 Tier debriefing process.
  - Ensure Restrictive Practice Strategy is implemented.
  - Ensure Restrictive Practice Framework is implemented.
- 4.3 Ensure TASID training is reported monthly, evaluated and peer reviewed annually:
- Ensure staff and patients review Behavioural Support plans after each restrictive practice physical intervention, including No Force First approach and Trauma Informed care approach
  - Ensure staff and patients received a minimum of immediate debrief post physical intervention and offered a post debrief via psychology team
  - Ensure Restrictive Practice Strategy is completed including DATIX reporting
- 4.4 Ensure TASID training/trainers:
- Adheres to the RRN standards re; revalidation updated skills etc.
  - Ensure all techniques are independently risk assessed.
  - Engage with Restrictive Practice Steering Group.
  - Proactive in responding to clinical needs.

## **5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE**

- 5.1 This policy will be made available across the organisation via the Trust Intranet site and all staff must adhere to this policy and associated policies and clinical guidelines.
- 5.2 The Executive Chief Operating Officer & Executive Nurse will be responsible for overall monitoring and review together with the Restrictive practice leads, training manager and Local Security Management Specialist.
- 5.3 This policy will be reviewed at least every 3 years taking into account emerging research, local audit recommendations and lessons learnt from reports, enquiries and positive practice initiatives.
- 5.4 Any amendments to this policy will be submitted to the following for consideration and endorsement prior to being ratified:
- Clinical governance Committee
  - Health Safety & Security Committee
  - Workforce Development & Training Department
- 5.5 This policy will be monitored for its effectiveness by Restrictive Steering Group and the training team.

**6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION**

1. DOH Positive and Proactive Care; reducing the need for restrictive interventions 2014
2. Mental Health Act (MHA) 1983: Code of Practice revised 2015
3. National Institute of Clinical Excellence (NICE) Violence and aggression: short-term management in mental health, health and community settings (NG10)
4. National Institute of Clinical Excellence (NICE) Violent and aggressive behaviours in people with mental health problems (QS154) June 2017
5. Restrictive Reduction Network 2019
6. Equality and Human Rights ACT 2015
7. BILD accreditation 2019
8. Care Act 2014
9. Children and Families Act 2014
10. Deprivation of Liberty Act 2010
11. Health and Safety at Work Act 1974
12. Mental Capacity Act 2007
13. Mental Health Units (Use of Force) Act 2018

**7.0 REFERENCE TO OTHER TRUST FRAMEWORKS / POLICIES / PROCEDURES**

1. Restrictive Practice Framework EPUT 2019
2. CG6 - Advance Decisions and Statements Clinical Guideline
3. CP3 - Adverse Incident Policy
4. CLPG28 - Clinical Risk Assessment and Safety Management Procedure
5. CLP8 - Engagement and Supportive Observation Policy
6. RM08 - First Aid Policy
7. SSOP31 - Protocol for the use of Handcuffs in escorting patients
8. HR21 - Induction, Mandatory Training and Essential Training Policy
9. RM17 - Lone Working Policy
10. CLP75 - Search Policy
11. CLP41 - Seclusion and Long Term Segregation Policy
12. CG71 - Self Harm Clinical Guideline
13. CG52 - Pharmacological Management of Acutely Disturbed behaviour
14. CG92 - Global Restrictive Practices Clinical guideline
15. HR26 - Employee Wellbeing and Management of Sickness and Ill Health Policy

**END**