



Title:	Procedure for Use of Physical Intervention by staff from Mental Health and Intellectual Disability Services (Children and Adults)		
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Links to other policies			

1.0 INTRODUCTION / SUMMARY OF POLICY

1.1 Background

Belfast Health and Social Care Trust Mental Health and intellectual Disability Services seek to promote and maintain a caring and safe environment for patients/service users and staff. Some patients/service users may present with behaviours which increase the risk of harm to themselves or other people. In such instances, it may be justified to use a physical intervention. Physical intervention will only be used where it is deemed the most appropriate intervention and as a last resort.

This procedure strongly encourages the use of proactive and preventative strategies to support people with mental ill health and / or an intellectual disability and emphasises reducing the use of physical interventions and preventing misuse and abuse.

Human rights based approaches will be central. Any physical interventions used by staff should not breach the human rights of any individual and, at no time, should be used to gain compliance, enforce rules, or as a punishment. The use of any restrictive intervention must be compliant with relevant legislation, professional codes of practice, human rights, and sector-specific guidance. Those people who use services, and in particular who may be subject to restrictive interventions must be treated with care, compassion, dignity, and respect.

Physical restraint is defined by the Department of Health (2014) as 'any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person'. Physical restraint can also be called manual restraint, physical intervention and restrictive physical intervention. In line with new training re. safety intervention. Physical interventions are also known as safety interventions, non-restrictive and restrictive interventions to maximise safety and minimise harm

The Belfast Health & Social Care Trust is committed to delivering the highest standards of Care, Welfare, Safety and Security to its service users, visitors and employees.

The Trust:

- Has a statutory responsibility to safeguard the welfare of all patients and service users who are in need of protection.
- Has a statutory responsibility to safeguard staff.
- Recognises that a service user's behaviour can escalate to the point where physical interventions may be needed to protect the service user, staff or other users of the Trust from significant injury or harm, even if all best practice to prevent such escalation is deployed. Any actions must be

taken with an ethos of compassion and safety in accordance with Trust vision

- Believes that the management of difficult and dangerous situations, is an activity requiring decency, honesty, humanity and respect for the rights of the service user, in their best interests and balanced against the risk of harm to themselves, staff and members of the public.
- Complies with law in that physical interventions should be proportionate to the risk presented, least restrictive, last resort, when it is reasonable to do so and where there has been appropriate training.
- That any physical restraint is as short as possible, time bound, reactive and used as a last resort.

1.2 Purpose

The procedure gives guidance for staff on the implementation of physical interventions.

1.3 Objectives

The procedure aims to provide clear guidance on the use of physical interventions:

- To ensure that restrictive practices remain proportionate, least restrictive, last for no longer than necessary and take account of patient preference wherever possible (NICE NG10, 2015).
- Ensure all use of physical intervention is justified;
- To promote person centred practices by working in partnership with the patient/service user and their carer (as appropriate) to review available options to minimise the potential for harm;
- Promote the use of the least restrictive practices;
- Ensure safety and dignity for the people who use our service, during physical intervention ;
- Ensure least harm to the patient/service user;
- Reduce the likelihood of unlawful use of physical interventions.

This procedure should be read in conjunction with the BILD Code of Practice for minimising the use of restrictive physical interventions and BHSCT policy reducing the use of Restrictive Interventions.

2.0 SCOPE OF THE POLICY

This procedure applies to all staff working with people within Mental Health and Intellectual Disability Services provided by the Belfast Health and Social Care Trust.

The procedure must not be used as a stand-alone document but in conjunction with relevant Trust policies and guidelines including;

- BILD Code of Practice for minimising the use of restrictive physical interventions

- Adverse Incident Reporting Policy
- Human Rights Act (1998)
- Manual Handling Policy and Procedural Arrangements
- Mental Health Code of Practice, Department of Health, 2015
- Mental Health Order (Northern Ireland) Order 1986 Code of Practice
- Mental Capacity Act (NI), 2016 Code of Practice
- National Institute for Health and Care Excellence (NICE) Guidelines, Guidance NG10, Violence: the short-term management of disturbed/violent behaviour in psychiatric inpatient settings and emergency departments.
- National Institute for Health and Care Excellence (NICE) Guidelines, Guidance NG11, Challenging Behaviour and Learning Disabilities: prevention and interventions for people with learning disabilities whose behaviours challenges
- Observations Within Mental Health Inpatient Services
- Patients' Dignity and Privacy within the hospital setting
- Procedure for the Search of Patients, their Belongings, and the Environment of Care within Adult Mental Health and Learning Disability Inpatient facilities.
- Policy on the use of Closed Circuit Television (CCTV) in the Acute Mental Health Inpatient Centre
- Use of Restrictive Practices in Adult & Children's Services

3.0 ROLES AND RESPONSIBILITIES

All staff within Mental Health and Intellectual Disability Services have a responsible role to play in the implementation of this procedure's objectives and in line with Trust Restrictive Practice Policy for Adults and Children, which outlines the minimisation responsibility and accountability throughout the Trust at all staffing levels.

3.1 Director/Co- Director and Service Leads

- Ensure they are familiar with the models of physical intervention in use and provide organisational approval for the use of said model.
- Have in place governance arrangements to review the use of physical interventions.
- Ensure suitably qualified instructors are available to deliver accredited training programmes for staff
- Ensuring that where the use of restrictive practices is reasonably foreseeable in their service area that their staff teams are equipped with the knowledge and skills to understand and prevent crisis behaviour and make evidence based decisions.

3.2 Ward / Service Managers

- Ensure the full implementation of this procedure
- Ensure compliance with this procedure

- Ensure all staff working within their area of responsibility have attended training which, includes the use of physical interventions that supports the view that restraint is used as a last resort to manage risk behaviour associated with aggression, violence and acute behavioural disturbance.
- Ensure all incidents, which result in use of a physical intervention, are recorded on DATIX, are reviewed through relevant MDT and governance structures, and are reported onward to the regulator if required as part of registration.
- Ensure a process is in place, which will critically analyse incidents that have resulted in physical intervention to identify learning.
- Ensure that proactive and preventative measures are in place to prevent the use, misuse and abuse of physical interventions and reduce the use of physical interventions where it cannot be fully prevented
- Support a consistent workforce with the right values, attitudes and skills as reflected in line with Trust Policy Reducing Restrictive Practices
- Ensure that post incident reviews and de-briefs take place

3.3 All staff

- Have an individual responsibility to adhere to the guidance within this procedure and ensure that they working within legal, ethical and professional frameworks in relation to practices that are defined as restrictive, such as physical intervention.
- Must ensure they comply with the Trust policy relating to reducing restrictive practice and contribute to activities designed to support a reduction or elimination of restrictive practices.
- Must ensure that they attend and are up to date in appropriate training in relation to this procedure
- Must ensure that they are competent in application of physical intervention techniques were applicable and if there is any concerns re. gap in knowledge or ability to utilise skills that this is raised within a timely manner to their manager
- Must ensure that all incidents of the use of physical intervention are reported to the person in charge and that the appropriate documentation is complete
- Ensure that persons needs are adequately assessed, they are included in the assessment as appropriate and there is consultation with the carer/family where appropriate

3.4 Training

Staff who may be involved in physical intervention must be trained in:

- An accredited training programme certified by BILD-ACT under the Restraint Reduction Training Standards
- A training needs analysis will identify what levels of training staff require.
- Annual update/refresher of accredited training
- All staff involved in physical interventions should have the appropriate training for their area of practice in life support skills and attend annual updates. Resus council advises that ILS is the minimum standard for staff who deliver or are involved in physical restraint within inpatient settings.

- The physical risks associated with any physical intervention with particular emphasis on the risks of prolonged physical restraint and the need for alternatives, i.e. positional asphyxia/sudden collapse.
- Recognising symptoms of physical and respiratory distress, medical emergency, side effects of medication and how to take appropriate action. (see appendix 1)
- Use of emergency equipment.
- Knowing how to summon assistance
- Training will be updated/repeated if identified through supervision or if there have been any significant changes to practice and/or policy.

4.0 CONSULTATION

Consultation for this procedure involved all managers within Mental Health and Learning Disability Services User and Carer Representatives

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Dissemination

This procedure will be disseminated to all staff within Mental Health and Learning Disability Services. This procedure is only for Mental Health and Learning Disability Services Children and Adults

5.2 Exceptions

This document does not aim to address issues related to the assessment and treatment of patient/service users, which require physical contact with the individual (e.g. dental services, physiotherapy) nor does it intend to address issues related to non-compliance with treatment.

5.3 Key Procedure Principles

5.3.1 Mental Health and intellectual Disability Services within Belfast Health and Social Care Trust affirms that physical interventions will *only* be considered in the following circumstances and *only* as a last resort when there is no safer alternative:-

- Where a person is at risk of imminent or immediate physical harm either to themselves or to others.
- Destructive behaviour only if the action is likely to lead to imminent or immediate harm to self or others;

5.3.2 Three Steps to Positive Practice Framework

All areas of the organisation that are required to use restrictive interventions must embed the Three Steps to Positive Practice Framework when considering and reviewing the use of restrictive interventions.

The Three Steps to Positive Practice framework is designed to assist health and social care professionals when considering and reflecting on the use of

any potentially restrictive practice, before it is implemented, and throughout the entire timeline when the restrictive practice may be used. It is applicable at the points of assessment, implementation, evaluation and review, and in situations where the use of restrictive practices have been in place for some time or are associated with a particular environment. The framework also assists professionals to ensure that they are consistent with legal, ethical and professional guidance.

Three steps to positive practice | Royal College of Nursing (rcn.org.uk)

5.3.3 Physical intervention involves the use of direct physical contact, which limits a person's range of movement where they are exhibiting physical risk behaviours.

Such contact will be ***directly from another person***. Generally, physical intervention can be categorised as disengagement or physical holding interventions. Principles of Disengagement skills are utilised by staff to protect themselves from injury and/or to effect a release from someone who is holding them without consent. Physical Holding interventions are used to limit the range of movement for someone who is displaying unsafe behaviours likely to result in imminent or immediate risk of harm.

5.3.4 Any physical interventions used will be for the shortest period of time and using the least restrictive physical intervention required, with a view to maximising the safety of everyone involved.

5.3.5 In all such cases, staff should act in a way that is reasonable and proportionate to maintain the safety of an individual or others. The principle of acting in the best interests of an individual or others will be followed at all times, including after the use of physical intervention.

5.3.6 Physical interventions should never be used to punish or for the sole intention of inflicting pain, suffering or humiliation

5.3.7 All incidents involving use of physical intervention will be documented and reviewed by clinical team and monitored through directorate and trust governance and safety reporting processes and groups

5.3.8 People who use services, carers and advocate involvement is essential when reviewing plans for restrictive interventions (DOH, 2014)

5.4 Person Centred Planning

Staff will be aware of patients individual care plans and/ or support plans and /or Positive Behaviour Support Plans. Included in these plans should be the actual and potential risks for each patient and the proactive and preventative strategies that can be used to ensure safe person centred care.

The Trust expects that physical intervention procedures will be used only as a last resort with patients/ service users. In most circumstances, physical interventions will be used reactively.

Patients should be given the opportunity to become involved in their treatment.

All those who are capable and wishing to do so should be encouraged to make an advance statement with regards to the use of any restrictive intervention. Advance statements can be an important aspect to care planning and must be taken into account by all professionals when making decisions about the management of a person where their behaviour is presenting as immediate and unmanageable risk of serious harm towards others.

Advance statements inform staff of a person's wishes, feelings, beliefs, values and preferences in regards to future treatment, should they present acutely mentally unwell. Advance statements should be considered in regards to the use of any restrictive intervention. Although does not provide legal authority – is recommended and considered best practice. Whilst the act of physical intervention cannot necessarily be planned for, as is a response to imminent or immediate risk, planning should be considered with the person and/or their family/carers about how to support the person if this intervention takes place and how to support them following an incident.

If the patient is unwilling or unable to contribute to the development of the plan then the plan should be explained to them in the most appropriate form of communication.

The patient should be provided with a copy of their care plan unless clinically contra-indicated with such decisions to withhold care plans documented in the patient's healthcare record.

5.5 Post Incident Reporting, Recording and Review

Following any use of physical intervention, full details must be reported through DATIX. All use of physical intervention will be reviewed with the patient/service user and/or carer as appropriate. The patients / service users care plan and risk management plan will be reviewed and updated as required.

The aim of a post incident review should be to seek to learn lessons, support staff and patients and to encourage the therapeutic relationship between staff and patients.

A post incident review should take place as soon as possible after the incident has ended.

- Ensure post-incident support (appendices 2 and 3) is available for any staff or patient/service users involved in physical intervention. This will take place as soon as is appropriate following the incident. Debriefing should also be available to witnesses, who request this support.
- During debriefing session, all records and documentation in relation to an incident should be completed and reviewed as necessary. The exact circumstances of the incident, including events that preceded it and actions taken afterwards, should be discussed and reviewed, with the dual aims of reviewing current practice and of minimising the risk of any further

such incidents occurring. The line manager must keep a record of all debriefing sessions and an entry included in the patients/service users record. Confidentiality will be maintained. If and when appropriate, the patient and the next of kin/family/carer will be informed of any learning following the debriefing session.

5.6 PSNI Assistance

There may be times when the level of risk posed or the nature of the incident means that staff are not appropriately, or safely, equipped to manage the situation and police involvement will be required. Please refer to local guidance for summoning PSNI assistance and agreed Standard Operational Procedures agreed with PSNI.

5.7 Situations Involving Weapons

For the purpose of this document a weapon is defined as: ***any object that is made, adapted or intended to be used to cause physical injury to a person or property.***

Staff are not expected to disarm a person of a weapon that may be used to inflict harm on others, the Trust does not provide training on weapons disarmament. Judgments must be made based on professional knowledge and experience, risk assessment and training in challenging behaviour and management of aggression. Reasonable efforts should be made to isolate the person with the weapon and to summon appropriate assistance to the situation, this may mean contacting the police.

5.8 Legal and Professional Issues Related to the Use of Physical Practices

Duty of Care

Duty of care is a legal obligation to:

- Always act in the best interest of individuals and others
- Not act or fail to act in a way that results in harm
- Act within your competence and not take on anything you do not believe you can safely do.

Human Rights Act, 1998

In addition to anti-discrimination legislation Belfast Health and Social Care Trust employees have a duty to deliver services in a manner that meets our statutory equality, human rights and good relations duties. These duties include:

- Section 75 of the NI Act 1998
 - Promotion of Equality of Opportunity in relation to the nine equality categories
 - Promotion of Good Relations between persons of different religious belief; political opinion; and racial group
- Section 49A of the Disability Discrimination Act 1995

- Promotion of positive attitudes towards disabled persons
- Encouraging the participation by disabled persons in public life

Duty to respect, protect and fulfil rights outlined in the Human Rights Act 1998 including:

- Article 2 - the right to life
- Article 3 - the right not to be tortured or inhumanly or degradingly treated or punished
- Article 5 - the right to liberty and security of the person
- Article 8 - the right to respect for one's private and family life, correspondence and home
- Article 14 - protection from discrimination
- United Nations (UN) International Covenant on Economic, Social and Cultural Rights (ICESCR) [UK ratification 1976], which includes the right to the highest attainable standard of health
- The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD), which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all service user's with disabilities and to promote respect for their inherent dignity
- Accessible, inclusive and welcoming services is a fundamental principle for the Belfast Trust. When information is provided to patients, service users and their carers/families reasonable alternative formats such as easy read for those with intellectual disabilities and large print for those with visual impairments will be provided when required. If a patients, service users or their carers/families do not have English as a first language interpreters/ translations will be provided. Belfast Trust, as an employer and all employees will be mindful of any reasonable adjustments required in the implementation of this policy for patients, service users, carers and staff.
- Use of restrictive interventions must be undertaken in a manner that complies with the Law, Health and Safety Legislation, Human Rights Act 1998 and the relevant rights in the European Convention on Human Rights.

(For further information, please visit website [The Human Rights Act | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com))

The Mental Health Order (NI), 1986

Mental health legislation covers the reception, care and treatment of mentally disordered persons. The Mental Health Order aims to provide stronger protection for service users and clarify roles, rights and responsibilities. This includes:

- Involving the service user and, where appropriate, their families and carers in discussions about the service users care at every stage
- Providing personalised care

- Minimising the use of inappropriate blanket restrictions and physical interventions including medication, physical restraint and seclusion

(For further information, please visit website [The Mental Health \(Northern Ireland\) Order 1986 \(legislation.gov.uk\)](http://legislation.gov.uk))

Mental Capacity Act (NI), 2016

- Legislation related to capacity is designed to protect people over the age of 16 around decision making based on the presupposition that every adult, whatever their disability, has the right to make their own decisions wherever possible
- A Deprivation of Liberty can only be lawful if all the safeguards and additional safeguards are fulfilled

Safeguards:

- Reasonable belief of lack of capacity
- Reasonable belief of best interest

Additional safeguards (Also Essential):

- Formal assessment of capacity is completed
- Nominated person
- Prevention of serious harm condition is met
- Authorisation

Best interest:

- A best interest determination starts with the consideration of what decision the person would have made if they had capacity. This must be given priority to ensure special regard to the person's wishes, feelings, beliefs and values.
- Involve the person where possible and take into account the views of relevant people
- Deprivation of liberty best interest decisions must consider all alternative available options and their effectiveness. The least physical option should also be chosen if in the person's best interest

Capacity:

- No one should be treated as lacking capacity unless they are proven to do so
- Where a service user has capacity to make decisions around their care arrangements, they can provide or decline consent and their decision must be respected
- A service user lacks capacity when they are unable to make a decision about their care arrangements because of an impairment of, or disturbance in the function of the mind or brain

(For further information, please visit website [Mental Capacity Act | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk))

The Children (Northern Ireland) Order, 1995

A range of legislation provides legal basis for how social services and other agencies deal with issues relating to children. This legislation has been introduced so that all individuals looking after children, in the workplace are aware of how children should be looked after and legally protected

Whilst different legislation may give greater or lesser focus on the use of physical practices, there is a universal expectation that the use of any force should be a last resort, reasonable and proportionate to the circumstances

The overall aim is to protect the child or young person from harm. This range of legislation aims to make sure the care children and young people receive is well supported, of high quality and tailored to their needs whilst also improving their educational experience and achievements

(For further information, please visit website [The Children \(Northern Ireland\) Order 1995 \(legislation.gov.uk\)](https://www.legislation.gov.uk))

6.0 MONITORING AND REVIEW

The implementation of this procedure is recorded through established reporting systems. Physical Interventions are reviewed and reported on a monthly basis. This report is used to inform practice.

Also reviewed externally by RQIA.

All services must have a robust monitoring process in place and ensure that their governance arrangements enable them to demonstrate that they have taken all reasonable steps to prevent the misuse and misapplication of restrictive practices/physical intervention.

The monitoring process will include audit on the use of restrictive practices. An example of an audit tool that could be used is the RRN Reducing Restrictive Practices Checklist.

The use of restrictive practices and interventions must be reported in line with divisional assurance frameworks. Feedback from patients, families, carers and advocates will be used to review and monitor use of the policy.

The service must discuss the use of physical interventions through regular reports and reviews with attention to statistical data.

The policy will be reviewed on a five yearly basis as a minimum or sooner should there be changes in legislation or best practice.

7.0 EVIDENCE BASE / REFERENCES

Improving Patient/service users Safety: Building Confidence (DHSSPS 2006)
Management of Aggression – Trust-net.

Consent for Examination, Treatment or Care www.dhsspsni.gov.uk;
NMC Guidelines for Records and Record Keeping

Code of Professional Conduct: standards for conduct, performance and ethics
(NMC) www.nmc-uk.org

RCN, 2008 Let's Talk About Restraint London,
National Neurosciences Benchmarking Group, 2007 Use restrictive
practices www.nnbq.org.uk

Physical Interventions: A Procedure Framework – Second Edition', British
Institute of Learning Disabilities (BILD, 2008);

'BILD Mental Health Procedure Implementation Guide. Developing POSITIVE
Practice to support the safe and Therapeutic Management of Aggression and
Violence in Mental Health In-patient/service user Settings. National Institute
for Mental Health in England. 2004;

Violence -The short-term management of disturbed/violent behaviour in in-
patient/service user psychiatric settings and emergency departments.
National Institute of Clinical Excellence. 2005 NG10

BILD Code of practice for minimising the use of physical interventions – 4th
Edition (2014).

Guidance for Restrictive Practices. How to provide safe services for people
with Learning Disabilities and Autistic Spectrum Disorders. Dept of Health,
2002

Safeguarding Vulnerable Adults

The Mental Health (NI) Order 1986 and its associated Code of Practice

Good Practice in Consent: Implementation Guide for Health Care
Professionals

Positive and Proactive Care: reducing the need for restrictive interventions,
Social Care, Local Government and Care Partnership Directorate
April 2014

Children's (Northern Ireland) Order 1995

Equality and Human Rights Commission (2019) Human rights framework for
restraint: Principles for the lawful use of physical, chemical, mechanical and
coercive restrictive interventions

8.0 APPENDICES

Appendix 1 - Health and safety considerations

Appendix 2 - Guide to having a “Hot Debrief”

Appendix 3 - Trust Hot Debrief Form

9.0 NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in the Procedure for Use of where required by the student’s programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision

- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

Wording within this section must not be removed.

10.0 EQUALITY IMPACT ASSESSMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this [link](#).

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact
Minor impact
No impact

Wording within this section must not be removed

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to mitigate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalitiescreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved

A full data protection impact assessment is required

A full data protection impact assessment is not required

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalitiescreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT

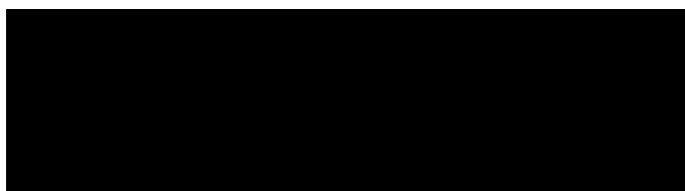
Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

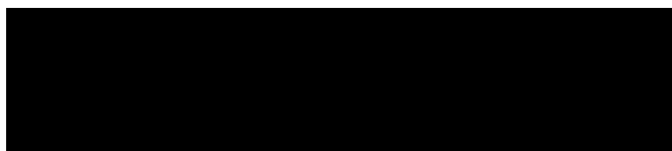
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Author

07/06/2022

Date: _____



Director

07/06/2022

Date: _____

Appendix 1

Health and Safety Considerations

The health and safety of everyone must remain of paramount importance throughout the application of a particular physical intervention and during the period of time following use of physical intervention. Specifically, this means that any such intervention must be stopped immediately if a patient/service user/patient/service user develops any of the following:-

breathing difficulties (including very rapid breathing)

- fits or seizures
- vomiting
- blueness of the hands or other body parts (indicating reduced blood flow)
- paleness or yellowing of the skin (suggestive of restricted blood flow)
- bone fractures or joint dislocations

At the same time, necessary medical intervention should be secured as a matter of urgency. Any patients subject to physical interventions/holding must be reviewed by medical staff in line with NICE NG 10

Consideration should be given by the team involved in working with the patient/service user/patient/service user to physically monitoring the person during physical intervention process and for a period of up to 24 hours. This check may include pulse, blood pressure, respiration, temperature and fluid and food intake and output in accordance with the persons care plan. If consent and co-operation for these observations is not forthcoming from the person, then it should be clearly documented in their notes why certain checks could not be performed and what alternative actions have been taken.

The increased proneness of some vulnerable adults, including older people to negative side-effects from physical intervention procedures, due to their higher incidence of physical and medical conditions, needs especially to be included in any risk assessments that are carried out. Furthermore staff should be conscious of the potential impact of any medication, drugs and alcohol which the person may have taken. In addition there may be circumstances where an individual has been subjected to incapacitants such as CS Spray or Taser prior to coming into contact with Trust staff, it is necessary to consider their impact on the person and their reaction to any physical intervention administered. Any physical condition, which may increase the risk to the patient/service user of collapse or injury during physical intervention should be clearly documented in the patient/service users file and communicated to all multi-disciplinary team members and regularly reviewed and evaluated with the patient/service user/patient/service user and, where appropriate, their carer/advocate (NIMHE 2004).

The MHOR (1992) do not permit full-weight lifts of people unless the situation is exceptional or life threatening. Consequently, staff are not ordinarily expected to pick up or carry patient/service users from one area to the other. Staff should encourage the patient/service user to co-operate with them and wait until the patient/service user/patient/service user will walk with staff. Transferring a struggling patient/service user to a low stimulus area presents a significant risk of harm to the patient/service user and staff through the process of the patient/service user's struggle and/or their weight, especially if they were to be carried by staff. It is important that staffs are clear about the safeguards and limitations provided by the Manual Handling Operations Regulations (MHOR 1992) and the physical intervention training provided to staff:

Appendix 2

GUIDE TO HAVING A “HOT DEBRIEF”

Introduction

The Belfast Trust is committed to being an open, transparent and supportive organisation.

This is one of the key elements of the Trust’s Quality Improvement Strategy 2017-2020.

A hot debrief is one way in which the Trust can support staff when an adverse incident or other distressing event has occurred or when staff have been impacted or distressed when providing care.

Purpose of a Hot Debrief

1. To support staff who have been emotionally impacted when an incident or other distressing event has occurred during the provision of care.

The hot debrief would remind staff of the support available to them. It is not about asking each member of the team in an open forum if they need support.

Research has shown that this can be counter-productive and staff could feel embarrassed about requesting help in front of colleagues. Confidential support is available from:

Occupational Health (028 950 40401)
Staffcare (0800 7313674)
Belfast Support Team - BeST (BeST@belfasttrust.hscni.net)

Line managers should be informed by staff of the impact an incident has caused and should encourage staff to seek the appropriate support and continue to “check-in” with the individual.

2. To ascertain if any urgent action is required to make the service safe following an incident. For example adjustments to pathways/workflows, addressing equipment or ICT issues.
3. To ascertain if there needs to be urgent communication or escalation following an incident to other specialties, Executive Team or to the Department of Health, Public Health Agency or Health and Social Care Board. This could take the form of an Early Alert¹ or Serious Adverse Incident notification².

Frequency asked questions – linked to Figure 1.1

¹ http://intranet.belfasttrust.local/directorates/medical/riskgovernance/BHSC%20Shared%20Learning%20Letters/HSC-SQSD-56-16_The%20Introduction%20of%20HSC%20Never%20Events%20List.pdf

² <http://intranet.belfasttrust.local/directorates/medical/riskgovernance/Pages/Corporate%20Governance/Serious-Adverse-Incidents0911-9361.aspx>

When should a hot debrief be held?

A hot debrief should be held as soon as possible following an incident or distressing event and ideally within 3 days/72 hours.

Who should lead a hot debrief?

Where applicable, the hot debrief should be led locally by the most senior team member present.

Who should be involved in the hot debrief?

Any Trust staff (or a relevant representative) involved in the care or decision making in respect of the care from outside of the clinical team should be invited to attend the hot debrief for broader discussion.

What triggers a hot debrief?

The need for a hot debrief should be based on how staff feel post incident, as well as the risk grading of an individual event or a number of events³, which relate to the case issue and/or individual.

How should a hot debrief be recorded?

A standardised Trust template has been appended to this document for use (Appendix 1). The completed template should be uploaded to Datix against a referenced incident number. Individual staff names should be anonymised.

NB your service area may have agreed to customise the template to suit your area to ensure specific support can be provided to staff in your area. Please check with your governance team to confirm use of correct version, prior to completion and upload.

Does a hot debrief replace undertaking a Significant Event Audit (SEA) in the case of a SAI?

No. A Level 1 SAI will still require incident to be investigated using SEA methodology. The purpose of the hot debrief, as per above, is to support impacted staff, ascertain any immediate action/learning and escalate issues, as necessary within agreed processes.

What happens after a hot debrief?

If staff require support, this should be arranged and follow up agreed with the relevant line manager. Any agreed actions, which may include, the completion of a local review, SAI notification or Early Alert etc., should be undertaken in conjunction with your local governance team.

Further Information

See flow chart at Figure 1.1 below

Please contact Corporate Governance or your local Governance Manager/team.

³ <http://intranet.belfasttrust.local/policies/Documents/Adverse%20Incident%20-%20Procedure%20for%20Grading%20an%20Incident.pdf>

* Staff feelings and consensus in respect of the incident should be considered.
** This may relate to individuals/teams outside of the direct clinical team who have cared for the patient or had an impact on decision making related to their care.
***If an agreed template has not already been shared for use, by the local governance team

Figure 1.1 – Hot Debrief Process

Appendix 3 Trust Hot Debrief Form

This is not a mandatory requirement for all incidents within the Belfast Health & Social Care Trust. It could be used for incidents which are deemed to cause actual/potential harm to a service user or other distressing events, aligned to the risk grading agreed by the organisation and have had a significant impact of staff within the service area. There may also be a need to hold a hot debrief for recurring issues/incidents or those which the service deem to have a significant or detrimental impact to service or staff.

The senior team member within the area should make such a determination and take steps to initiate the hot debrief process.

Incident Name/Number:		Date:	
Name (completed by):		Time:	
Email address:			
Attendees: These should be in the form of initials only			
Brief Summary of Incident – recall the facts - What was the issue? - Dates of incident start/end - service areas/wards impacted - diagnosis and treatment If an individual was impacted (staff/patient) please ensure only initials are used within this document.			
What Went Well			
What Could Be Improved			

<p>Any Immediate Learning</p>	
<p>Any further action required?</p> <p>e.g.</p> <ul style="list-style-type: none"> - further debrief required - local review required - SAI reporting - Early Alert required 	
<p>How do Staff feel now?</p> <p>Do Any Staff Require Post Incident Support?</p> <p>Yes – Has Signposting Been Provided?</p> <p>No – No Further Action</p> <p>Staff names/initials should NOT be included within this section</p>	
<p>Debrief Completed By:</p> <p>Name</p> <p>Role</p> <p>Department</p> <p>Contact Details</p> <p>Date & Time</p>	
<p style="text-align: center;">Once Completed – please add to Datix under the relevant incident number (starts with W...)</p> <p style="text-align: center;">Your local governance team should be advised at weekly live governance calls that this template has been completed and uploaded to Datix.</p>	