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| POLICY TITLE: | The Use of Mechanical Handcuffs and Soft Cuffs To End Prolonged Restraint |
| Policy Number: | H37.1 |
| Version Number: | V05 |
| Date of Issue: | 20/02/2023 |
| Date of Review: | 20/02/2026 |
| Policy Owner: | Paul Cowans, Speciality Director |
| Ratified by: | Colin Quick, Chief Quality Officer |
| Responsible signatory: | David Watts, Director of Risk Management |
| Outcome: | This policy: <ul style="list-style-type: none"> aims to prevent protracted physical restraint in a prone position and to allow the safe transfer of the service user to a Enhanced Care Area or Seclusion Suite |
| Cross Reference: | H40- Seclusion H47- Observation and Engagement H37- Prevention and Management of Disturbed Behaviour The Secure procedures to cross reference are: H(FS)11- Guidance on the use of Handcuffs/Soft Cuffs when conveying patients detained under the MHA. |
| EQUALITY AND DIVERSITY STATEMENT Priory is committed to the fair treatment of all in line with the Equality Act 2010 . An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics (age, disability, gender identity and expression, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, sex, sexual orientation), and all will be treated with dignity and respect. | |

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, e-mail the Safety, Quality and Compliance Team on LegalandCompliance@priorygroup.com.

THE USE OF MECHANICAL HANDCUFFS AND SOFT CUFFS TO END PROLONGED RESTRAINT.

1 INTRODUCTION

- 1.1 Very occasionally, hospitals may need to use mechanical handcuffs and softcuffs.
- 1.2 The use of these items is to assist in safeguarding both the service user and the staff involved. Authorisation must be given by the HD or Consultant on-call. This policy has been prepared to cover all such scenarios as a means of ensuring clarity for staff, service users, commissioners and others.
- 1.3 Mechanical handcuffs are only permitted for use in adult secure services.
- 1.4 Soft cuffs can only be used in adult secure and adult PICU services
- 1.5 The circumstances in which mechanical handcuffs and soft cuffs they may be used are:
 - to end a protracted violent restraint or prone restraint and then safely move the service user to an Enhanced Care Area or Seclusion Suite where the handcuffs/soft cuffs are then immediately removed.
 - to convey high risk of abscond patients, for example to A&E, Court or Prison services, from Medium and Low Secure wards. See Forensic Procedure H(FS) 11.

2 POLICY DETAIL

- 2.1 Sites will have either/both hinged and chain link handcuffs which are purchased from the approved supplier.
- 2.2 The use of mechanical handcuffs/soft cuffs may be required as a last resort as a means of helping to end a protracted restraint i.e. those of over 15 minutes duration and/or to safely transfer a service user to an enhanced care area/seclusion suite. In these instances the use of mechanical handcuffs / soft cuffs can be justified to maintain the safety of the service user and/or others.
- 2.3 The decision to use mechanical handcuffs/soft cuffs must be authorised by the DoCS in consultation with the Medical Director, or in his/her absence agreed by the Senior Manager on site and Consultant On-Call.
- 2.4 The decision to use mechanical handcuffs/soft cuffs must be proportionate to the level of threat presented and/or risk to the service user. The person(s) authorising their use should be confident that the possible adverse outcomes associated with the intervention, for example injury and/or distress, will be less severe than the adverse consequences, which might happen without the use of this intervention.
- 2.5 Where mechanical handcuffs/soft cuffs have the potential to be used then staff applying them must be trained in their use and this training should be up-to-date and current.
- 2.6 Where mechanical handcuffs/soft cuffs are used in response to an incident then reference to their use must be included in the body of the incident report which relates to the aggressive or violent behaviour which gave rise to their use.
- 2.7 The mechanical handcuffs/soft cuffs should be removed at the earliest opportunity. Where mechanical handcuffs/soft cuffs are used the service user must be subject to constant observation and must not be left alone at any time.
- 2.8 Staff should clearly explain to the service user during and after the use of mechanical handcuffs/soft cuffs the reason for their application. A plan of aftercare will be developed for

each service user following the application/use of the mechanical handcuffs/soft cuffs. This will include reference to the psychological support and emotional wellbeing of the service user.

- 2.9 There should be an effective staff debrief following the use of the mechanical handcuffs/soft cuffs with an identification of lessons learnt and adjustments made to the patient's care plan as required. Commissioners should be informed of the use of the mechanical handcuffs/soft cuffs at the earliest opportunity.
- 2.10 The nurse in charge of the ward is responsible for ensuring that all documentation and observation forms have been correctly completed and signed in line with current policy and procedure. A 24 hour notification form must be completed following any use of mechanical handcuffs or soft cuffs to end a prolonged restraint and re-locate a patient to ECA or Seclusion Room.
- 2.11 Training in the use of mechanical handcuffs/soft cuffs will be delivered by Regional or Central RRIT Associate Trainers. Specialist training in the use of restraint aids (including ERB's) will be provided by an external training provider "Defend Solutions Ltd"
- 2.12 Mechanical handcuffs/soft cuffs should be maintained and kept clean in accordance with the manufacturer's instructions.

3 USE OF A MECHANICAL RESTRAINT BELT (MRB)

- 3.1 The use of a MRB will only ever be considered on an individual service user basis. The Hospital Director and Medical Director must make a written application SETTING OUT CLEARLY why this request is being made, in what circumstances the MRB will be used and clarifying why no other options are viable to maintain the safety of the service user and/or staff.
- 3.2 The application must be agreed by the relevant Managing Director and forwarded to the Chief Quality Officer and Executive Medical Director for consideration.

4 REFERENCES

- 4.1 **Legislation**
Mental Health Act 1983
Mental Health (Scotland) Act 1984
- 4.2 DH (2014) Positive & Proactive Care: reducing the need for restrictive interventions
DH (2015) Mental Health Act 1983: Code of Practice
MIND (2013) Mental Health Crisis Care: Physical restraint in crisis
NICE (2015) Violence and Aggression: Short-term management in mental health, health and community settings (NG10). NICE. London. www.nice.org.uk
Welsh Assembly Government (2016) Mental Health Act 1983 Code of Practice for Wales Review
Welsh Assembly Government (2022) Reducing Restrictive Practices Framework-
<https://www.gov.wales/reducing-restrictive-practices-framework-html>