Essex Partnership University
NHS Foundation Trust

PROTOCOL for the USE OF HANDCUFFS IN ESCORTING PATIENTS

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The Director responsible for monitoring and reviewing this policy is The Director of Specialist Services

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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Title	**Section No.**

SCOPE

Services	Applicable	Comments
Essex and Bedfordshire	✓	Applicable across services

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROTOCOL for the USE OF HANDCUFFS in ESCORTING PATIENTS

1.0 INTRODUCTION

1.1 This protocol provides for the safe and appropriate use of handcuffs when these are considered essential to assist in managing risks associated with escorting patients outside the security of the Trust's medium or low secure services. The use of handcuffs is intended solely to limit a person's dexterity so as to discourage violent behaviour and/or to reduce the patient's ability to run quickly and so deter an attempt to escape from the escort. At all times the decision to use handcuffs will be guided by the principle of employing the least restrictive alternative interventions to manage these risks.

1.2 The protocol should be read in conjunction with the procedures on Leave (SSOP 15) and Use of the Secure Services' Vehicles (SSOP7).

2.0 OBJECTIVES

2.1 In line with The Mental Health Act 1983/2007 Code of Practice (paragraph 15.31), the use of handcuffs, as a form of mechanical restraint, applied to patients detained within the secure services, will be exceptional and strictly limited to the purposes and criteria stated in this policy and its procedural guidelines. They will never be used as a first-line response or standard means of managing disturbed or violent behaviour within the secure service unit or wards.

2.2 Also, in accordance with the Code of Practice, this protocol provides clear guidelines governing the use of handcuffs which aim to take fully into consideration the safety, dignity, needs and human rights of patients and the safety of Trust staff and the general public.

2.3 This protocol is applicable to all patients detained under the Mental Health Act, whilst in the care of the Secure Services.

2.4 No member of staff will be permitted to take responsibility for applying handcuffs and managing the handcuffed patient unless they have received appropriate training as set out in paragraph 10.0 of this protocol.

3.0 REVIEW AND MONITORING

3.1 The use of handcuffs will be reviewed by the Head of security and relevant integrated clinical lead, who will both receive a copy of the record whenever handcuffs have been used.

3.2 Annual audits will be completed by the Head of Security to monitor the implementation and effectiveness of these procedural guidelines.

3.3 The policy and procedural guidelines will be reviewed regularly by the Secure Services Policy Group and Secure Services Management Group.

3.4 Responsibilities of Directors and Senior Management:

3.4.1 To ensure that this Protocol is embedded into clinical practice and reviewed regularly by the Secure Services Policy Group.

3.5 Responsibilities of the Multi-Disciplinary Team (MDT):

3.5.1 To ensure that any decision regarding the use of handcuffs is considered in the sole interests of patient and public safety and that the risk assessment and decision-making process is completed and documented clearly in a plan of care kept within the clinical notes

3.5.3 To ensure that the patient and, where appropriate, carers are involved and informed prior to their use.

3.6 Responsibilities of Head of Security:

3.6.1 To ensure that handcuffs are stored safely in their designated area (Section 4 of this protocol).

3.7 Responsibilities of the Nurse in Charge and Senior Nurse:

3.7.1 For the purpose of these protocol guidelines, a senior nurse is a registered, permanent member of the nursing staff who has experience of the area / ward and service / directorate and who is functioning within the role of nurse in charge of the ward. A different nurse will be delegated the duty of nurse in charge of the escort.

3.7.2 The nurse in charge of the escort, who must be a band 3 or above, is responsible for overall implementation of this protocol and any accompanying protocol guidelines.

3.7.3 The nurse in charge is responsible for ensuring that all parts of the authorisation form are completed (section 2 of this protocol).

3.8 **Responsibilities of All Escorting Staff**:

3.8.1 To ensure that they follow the principles contained within this protocol and all associated protocol guidelines.

3.8.2 At no time must the escorting team make any unnecessary stops on route to the destination, this includes stopping for breaks. Any stops made must be planned in advance with the agreement from the MDT.

4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

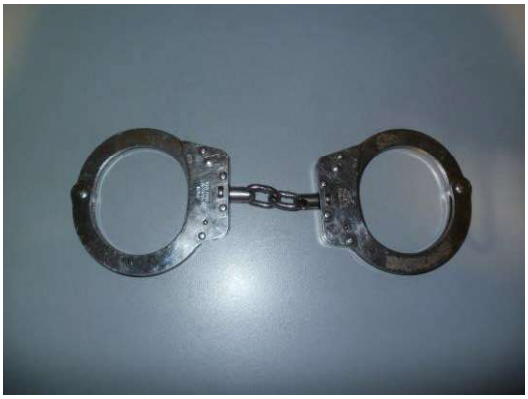
4.1 Leave Protocol (SSOP 15).

4.2 Use of the Secure Services' Vehicles (SSOP7).

5.0 TYPES OF HANDCUFFS

5.1 Only the following types of handcuffs will be used:

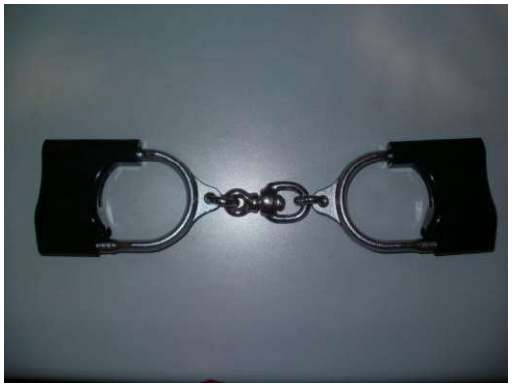
- Normal linked which will be available for all requested use of handcuffs



- Hinged used for double cuffing

- Escort chain

- D cuffs – used for patients whose wrists are exceptionally large/small or when discomfort is a serious issue during a prolonged escort



5.2 Different sizes of leather inserts are available for exceptionally small wrists as assessed by security staff/escorting staff.

5.3 The different types of handcuffs used are shown in Appendix 2 of this protocol.

6.0 RESTRICTIONS ON DEPLOYMENT OF HANDCUFFS

6.1 Handcuffs will only ever be used when patients are to be escorted outside the secure unit. At all other times they will be stored securely in the security room on first floor of administration at Brockfield House, in the ward manager's office at Robin Pinto, Woodlea, and Edward House. When not in use all handcuffs must be kept in a locked cupboard.

6.2 The deployment of handcuffs is restricted to those occasions where there is a direction by the Home Office and where the MDT believes it is appropriate. In situations where the patient considered to be a high and a significant risk of acting violently toward themselves or others or if the patient is making determined attempts to abscond during an escorted transportation, then secure transport would be acquired.

6.3 Additionally, handcuffs will only ever be used where, in cases such as the above, other methods for securely transporting the patient to or from the secure unit are not deemed sufficient or practicable (e.g. use of a commercial group security vehicle for transporting the patient to court or prison).

7.0 PROCEDURES TO BE FOLLOWED WHEN DEPLOYING HANDCUFFS

7.1 There must, in all cases, be a multi-disciplinary risk assessment that authorises the use of handcuffs, except in the case of an unforeseen, urgent requirement for leave (such as in a medical emergency) where a suitable type of transport is requested e.g. Ambulance. In every case a decision will need to be made whether the assessed risks require the use of a commercial security service or whether they can be safely managed by the use of EUPT staff trained in the use of handcuffs. This assessment and the reasons for the use of handcuffs must be documented in the clinical notes and the record of handcuffs authorisation (part 1, Appendix 1). In high risk cases the Ministry of Justice may only permit leave of absence for a restricted patient conditional on the use of handcuffs.

7.2 The reason for the use of handcuffs must be explained to the patient and, if deemed appropriate, to carers/family (with the patient's consent). Their use must be authorised and signed off by both the responsible clinician and by the senior nurse, or as otherwise indicated on the record form (Appendix 1). There will be occasions where the MDT will determine that handcuffs must be carried by the escorting nurses but the decision to actually deploy them at any time during the leave will be left to the discretion of the lead nurse in the escort and dependent on the patient's behaviour during the leave. In these situations the decision to deploy the handcuffs must be fully documented by the lead nurse, on the appropriate forms, upon return to the unit.

7.3 Where there is a need for emergency transportation of the patient (for example to another hospital for urgent medical assessment or treatment) the decision to authorise the use of handcuffs will be made by the responsible clinician (or on call consultant out of hours) in consultation with the Unit Co-ordinator nurse on duty and the senior nurse on duty for the patient's ward. In all such cases consideration will need to be given to using the retained commercial security resource to escort the patient rather than trained secure services' staff (see 6.1 above).

7.4 A nurse in charge of the escort must be nominated in accordance with the procedures in SSOP 15 (Leave of Absence Procedure).

7.5 Wherever possible when deploying single handcuffs, every effort should be made to ensure that one of the escorting nurses is of the same gender. In exceptional circumstances, where this is not possible, a risk assessment plan should be completed by the MDT, authorising the patient to be handcuffed to a staff member of the opposite gender.

7.6 When using handcuffs all staff escorts must continually monitor the physical and mental state of the patient to prevent any injury to either party. Additionally staff escorts need to support each other and be extra vigilant when using handcuffs.

7.7 When the decision has been made that the patient should remain handcuffed through the escorted leave and is attending another hospital for a medical assessment or treatment, handcuffs may be removed upon the request of the examining doctor or nurse to facilitate the examination, investigation or treatment. In such circumstances the patient should remain un-handcuffed for the shortest time possible and escorting staff must be extra vigilant during this period.

7.8 Patients appearing at court should not normally be handcuffed within the court room itself, so handcuffs, where deployed, will need to be removed immediately before the patient is escorted into the courtroom.

7.9 Whenever handcuffs are used, it is the responsibility of the nurse in charge of the escort, to ensure Parts 1 and 2 of the handcuffs record are fully completed prior to the escort and Part 3 completed upon the return of the patient to the unit (Appendix 1).

7.10 Once all parts of the authorisation record are completed the nurse in charge of the escort should sign it off and hand it to the Ward Charge Nurse or Ward Sister.

7.11 The Ward Charge Nurse / Sister is responsible for filing one copy of the handcuffs' use record (Parts 1, 2 and 3) in the patient's records

7.12 The multidisciplinary team will be briefed about the leave and any issues regarding the use of handcuffs at the next available team meeting.

8.0 GENERAL GUIDANCE FOR STAFF DEPLOYING HANDCUFFS

8.1 In all cases where handcuffs are or may be deployed during a patient's leave there must be a minimum of three members of staff in the escort.

8.2 A personal search of the patient must be conducted before handcuffs are applied.

8.3 Handcuffs must always be placed on the wrist, never forcibly snagged on. Careless use of handcuffs may cause unnecessary injuries such as fractures to the wrist or nerve damage.

8.4 Most handcuffs should be applied with the keyhole uppermost and to the rear of the patient's wrist. Handcuffs must be a secure but comfortable fit. Once fitted, handcuffs must be double locked.

8.5 The patient's dominant wrist should be handcuffed first when applying the handcuffs.

8.6 The nurse in charge will be responsible for applying the handcuffs (with two other members of staff present) and retain the key securely on his/her person by attaching it to their security belt.

8.7 Escorting staff must do regular checks of the handcuffs on the patient, especially the wrist areas. Should handcuffs need to be adjusted, staff escort must be extra cautious. Handcuffs should only be removed in circumstances described in paragraphs 7.7 and 7.8 above. If a patient needs to use a toilet during the leave, the nurse in charge of the escort will need to decide whether the handcuffs can be temporarily removed for this purpose or whether to deploy an escort chain.

8.8 Removal of handcuffs at a secure destination (e.g. a court cell or another secure hospital) must only happen when patient is securely housed in the building. Level 4 observations must be maintained at all times and patient must never be without the escorting staff. Handcuffs must be reapplied prior to return journey.

8.9 The privacy and dignity of the patient must be respected at all times whenever handcuffs are deployed.

8.10 Advice and support on the use of handcuffs can be provided by security reception staff / Head of Security.

9.0 APPLICATION OF HANDCUFFS

9.1 No member of staff will take part in the escort or in the application of handcuffs unless they have had appropriate training.

9.2 General principles regarding individual patient escorts outside the Hospital as described within SSOP 15 (Leave Procedures) must be followed.

9.3 Handcuffs must never be applied or used within the ward environment. They should be applied at the commencement of the escort, within the air-lock of the ward or, wherever possible, the discrete admissions enclosure.

9.4 The handcuffs must only be secured in front of the patient. Under no circumstances must they be secured behind the back. They must be applied out of the sight of other patients. When they are applied (or removed – for example within the security of the secure services unit vehicle or to enable the patient to use the toilet) – this will remain at the discretion of the responsible escorting nurse as guided by the MDT leave plan and the authorisation record.

9.5 Before the handcuffs are applied for the first time staff must carry out the following:

- **Explain** to the patient why handcuffs are being used and how they will be applied.
- **Advise** the patient to walk slowly whilst handcuffed and not to run so as to maintain their balance.
- **Record** both of the above in Part 1 of the handcuffs record form (see Appendix 1).
- **Search** the patient (personal search procedure) before applying the handcuffs.

9.6 It is the responsibility of the nurse in charge of the escort to ensure that the handcuffs are secure and comfortable for the patient.

9.7 One set of keys of the handcuffs must be retained by the nurse in charge of the escort, who must be present at all times. Any other reserve keys to the handcuffs in use must be kept locked in the security cupboard.

9.8 At no time must the patient be secured by the handcuffs to a vehicle or any fixtures and fittings.

9.9 The patient must never be handcuffed to a member of staff.

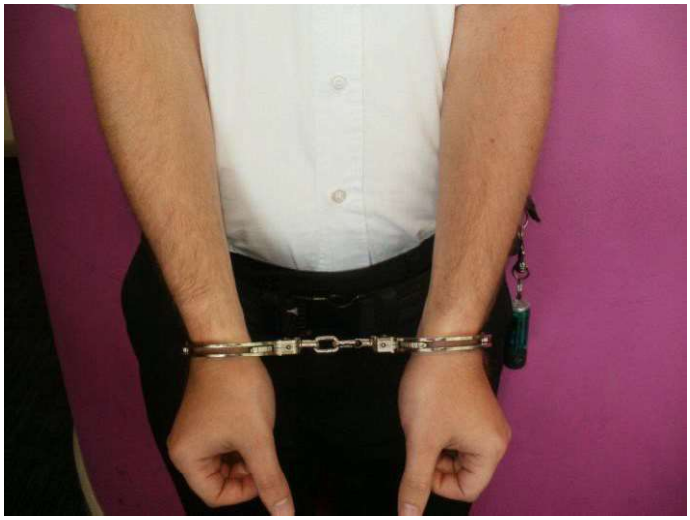
9.10 On return to the unit/ward the handcuffs must be removed within the air lock (or discreet admissions enclosure) well out of sight of other patients.

9.11 A Datix must be completed when handcuffs are used.

9.12 After handcuffs are removed, the patient must be examined by the nurse in charge of the escort to assess if any injury has been sustained by the patient. The results of this examination must be documented in the clinical notes and handcuffs record (part 3, Appendix 1). If any injury is noted or complained of by the patient, the duty doctor must be informed and requested to examine the patient, if required. The result of any examination must then be recorded within the clinical notes and part 3 of the record (Appendix 1).

9.13 Ways to handcuff a patient

Single handcuffed – a patient being handcuffed on their own



10.0 STORAGE

10.1 The responsibility for storage, operation and maintenance of handcuffs will remain with the Head of Security. When not in use handcuffs and their keys must be stored, in the locations mentioned at paragraph 6.1 above.

10.2 The handcuffs used will be of an approved type. No other type of handcuffs are authorised for use under this protocol.

10.3 Handcuffs will be checked on a monthly basis by the security team with a record kept within the security book within which any comments are made as to problems with their function. If any malfunction is identified the relevant handcuffs will be withdrawn from service. Security team are you doing this?

10.4 The charge nurse/ sister or nurse in charge will sign part 2 of the record form (Appendix 1) to record the return of the handcuffs and the key.

11.0 REFUSAL

11.1 If the patient to be escorted with handcuffs refuses to have them applied, the leave plan must be reviewed urgently by the responsible clinician and charge nurse / sister / senior nurse. The following options should be considered:

- Cancellation / postponement of leave.
- Requesting police assistance.
- Arranging a commercial security service to undertake the escort.
- Staff should not apply handcuffs while patient is restrained as there is no current training to achieve this.

12.0 TRAINING

12.1 A specialist team of nursing and security staff will receive regular training updates in the use of handcuffs. These staff will, in turn, cascade the training to all other permanent nursing staff (as part of their annual security training.

12.2 Where an MDT has approved and planned the use of handcuffs for a patient's leave, the security staff / unit co-ordinator will, prior to the leave, arrange brief refresher training to those ward staff who are detailed to provide the escort.

END