

Regulatory Notice

Restrictive procedures in designated
centres for persons with disabilities:

What constitutes a notifiable event?

RN02/2014 (Updated April 2016)

*This notice contains important information for Registered Providers and
Persons-in-Charge of Designated Centres for Persons (Adults and
Children) with Disabilities*

1. Introduction

This regulatory notice clarifies the Authority's view of what to report as a restrictive procedure and should be used to support decision making by providers and persons in charge.

1.1 What is a restrictive procedure?

The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 defines a restrictive procedure as '*the intentional restriction of a person's voluntary movement or behaviour*'.

This includes measures sometimes described as 'enablers' if the measures restrict the voluntary movement or behaviour of a resident.

Regulation 31(3) (a) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 requires that '*the person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used*'.

1.2 What do the regulations require of the registered provider and person in charge?

In addition to reporting the use of restrictive procedures on a quarterly basis, the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 also place the following additional responsibilities on registered providers and persons in charge:

- Regulation 7(4) requires that '*the registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice*'.
- Regulation 7(5) requires that '*the person in charge shall ensure that, where a resident's behaviour necessitates intervention under the Regulation –*
(a) *every effort is made to identify and alleviate the cause of the resident's challenging behaviour;*
(b) *all alternative measures are considered before a restrictive procedure is used; and*
(c) *the least restrictive procedure for the shortest duration necessary, is used*'.

The Authority recognises that decisions about the use of restrictive procedures and restraint within residential settings are complex and that certain restrictive interventions may be necessary for the delivery of safe and effective care to residents. These may include, for example, restrictions to certain parts of the centre, water, food or the use of physical restraint to facilitate the administration of medication (e.g. insulin, antipsychotic or anticonvulsant medication).

A restrictive procedure can also be used in a particular situation or incident if a resident's behaviour puts him or her, and/or others, at risk of harm or if he or she requires an urgent life-saving intervention.

Interventions prescribed by healthcare professionals regarding the healthcare of residents are not notifiable restrictive practice. These may include, for example, the use of wheelchairs or standing frames or the immobilization of a body part to meet a medical or health need.

In considering what constitutes a restrictive procedure, providers and persons in charge should be mindful of, and be guided by, the concept of intentionality. For example, consideration should be given to:

- what is the intention behind the use of the restrictive procedure e.g. is it to prevent a resident from harming him or herself or others?
- has the use of restrictive procedures become the usual way of managing a resident's behaviour?
- is the restrictive procedure used as a means of intervening in anticipation of behaviour that may constitute a risk to the resident?
- is the restrictive procedure used in a specified, restricted and time-limited circumstance as part of a resident's multidisciplinary personal plan that is subject to ongoing review?

Regulation 31(3) (a) does not distinguish between the use of restrictive procedures with a resident's consent (as it may make him or her feel safer), used as part of a multidisciplinary treatment plan or in an emergency situation.

While this Regulatory Notice is intended to provide a framework to support decision making, the responsibility in law rests with providers and persons in charge to determine what constitutes a restrictive procedure reportable under this regulation.

2. Guidance

In November 2013, the Authority produced dedicated guidance on restrictive procedures for providers of designated centres. That guidance defined different types of restraint and highlighted the principles of good practice that should be adopted in designated centres. The guidance is available [here](#).

The following definitions and examples of restraint are derived from that guidance. The additional clarification on what constitutes a reportable event as set out in this document should be read in conjunction with that guidance.

2.1 What is physical restraint?

Physical (or mechanical) restraint¹ occurs when a person, mechanical device or piece of equipment restricts someone's freedom of movement or access to their own body. This may be through the use of belts, heavy tables, chairs, laptop tables, bed rails or turning off a person's motorised wheelchair.

¹ Health Information and Quality Authority. Guidance for Designated Centres: Restrictive Procedures. 2013

A physical intervention may occur to prevent a resident harming him or herself or others. If the physical intervention is used by staff to inhibit the movement of a resident towards an unsafe destination or to prevent him or her from engaging in behaviour that constitutes a risk to his or her own safety or the safety of others; this is physical restraint and should be considered as a restrictive procedure reportable to the Authority.

Similarly, if staff stand in a resident's way with the intention of significantly limiting his or her freedom of movement; this should also be considered as a restrictive procedure and also notifiable to the Authority.

If a resident willingly goes to a location chosen by staff, with gentle guidance or support, this is not restrictive.

However, if staff use physical intervention to overcome active resistance by a resident in moving to a staff-determined location or to limiting his or her behaviour, this involves physical restraint and should be reported to the Authority as a restrictive procedure.

If a resident actively resists accepting medication (when used as part of a prescribed treatment plan) and is physically restrained, the use of physical restraint should be reported to the Authority as an occasion on which a restrictive procedure was used.

The use of physical restraint to enforce the administration of medication should only be considered as a last resort for essential medications or severe pain relief.

2.2 What is chemical restraint?

Chemical restraint² is the intentional use of medication to control or modify a person's behaviour or to ensure a person is compliant or not capable of resistance, when no medically identified condition is being treated, or where the treatment is not necessary for the condition or where the intended effect of the drug is to sedate the person for convenience or disciplinary purposes.

The appropriate use of drugs (including PRN medication) to reduce symptoms in the treatment of medical conditions such as anxiety, depression or psychosis does not constitute restraint and it is therefore not necessary to report this to the Authority as a restrictive procedure.

While there is no requirement to notify the Authority about the administration of PRN medication, there is a requirement on providers and persons in charge under Regulation 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 to ensure that all care provided is kept under review and reflective of the changing needs of residents.

As part of the inspection process, inspectors will look for evidence that robust arrangements are in place regarding the use of PRN medication including the timely review of medical treatment by the resident's medical practitioner.

² Health Information and Quality Authority. Guidance for Designated Centres: Restrictive Procedures. 2013

2.3 What is environmental restraint?

Environmental restraint³ is the intentional restriction of a person's usual access to their environment. This can include seclusion in bedrooms leading to loss of stimulation and deprivation of activities and controls on freedom of movement, such as baffle locks, keypads and locked doors.

Environmental restraint also includes denying a person their normal means of independent mobility, means of communicating, or the intentional taking away of ability to exercise civil and religious liberties.

Locking doors is an example of environmental restraint, if such an episode of restraint is a response to a resident placing him or herself at risk by leaving the building. In considering whether the use of locked doors constitutes a notifiable event, the issue of intentionality comes into play.

The restriction should only take place if the resident has been assessed as needing the restriction and should only last as long as is necessary to remove the risk. The restrictive procedure should not become a routine part of the day-to-day operation of the centre and should not affect other residents' access to or egress from the centre.

If locking a door falls within these parameters, and is used as part of a risk management plan (which is subject to review), then the Authority is not required to be notified. However, all incidents of environmental restraint that fall outside these parameters are notifiable to the Authority.

In unusual circumstances where a risk assessment has indicated the requirement for the routine locking of doors by keypad lock or otherwise, this should be included in each quarterly report. At inspection, inspectors will be interested in reviewing the rationale for such unusual arrangements and will be looking for evidence that the provider is keeping such arrangements under regular review with a view to exploring all other options and actively reducing the requirement for such measures.

The approach to locked doors will be reviewed on inspection to ensure that the intervention is not used as a measure of convenience, that it is the least restrictive in the circumstances and that such an arrangement for one (or a small number of residents) does not adversely impact on the rights of other residents.

³ Health Information and Quality Authority. Guidance for Designated Centres: Restrictive Procedures. 2013

2.4 How do the registered provider and person in charge prevent the need for the use of restrictive procedures?

The use of restrictive procedures (including physical, chemical or environmental restraint) are a serious and potentially hazardous intervention which impinge on residents' rights and should be used only as an option of last resort in response to a serious risk to the safety and welfare of residents.

In those instances where there is no less restrictive alternative, the intervention should be as safe as possible and used for the shortest time possible. Restrictive procedures should not be used on an ongoing basis.

In working towards a restriction-free environment, providers should:

- focus on prevention to limit the use of restrictive procedures within the centre
- develop and implement unambiguous policies and procedures about restraint and the use of restrictive procedures
- ensure staff are appropriately trained
- provide a multidisciplinary approach to individualised care
- carry out an assessment to decide what approach should be taken to meet the individual resident's needs
- carry out an assessment to see if the restrictive procedure suggested can be used safely
- make reasonable adjustments to the physical environment to avoid situations that can result in the use of restrictive procedures
- regularly review the use of planned restrictive procedures to ensure they are still appropriate to meet the needs of each resident and to assess if they can be reduced or removed.

Through ongoing inspection, the Authority will monitor the use of restrictive procedures within centres and the actions being taken by providers towards a restraint and restriction-free environment.

3. References

- Health Act 2007
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- Health Information and Quality Authority. National Standards for Residential Services for Children and Adults with Disabilities. 2013
- Health Information and Quality Authority. Guidance for Designated Centres: Restrictive Procedures. 2013