Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	**SAFETY ALERT**		
Ref: SA 2:0	**Management of Work-Related Aggression and Violence: Use Of Physical Interventions - REMINDER**		
Issue date	May 2015	**Review date**	May 2017
Author(s)	Nicholas Parkinson, Martina Canavan. ***Acknowledgements:*** **Kevin McKenna, Lecturer, Dundalk Institute of Technology** and **Dr. Brodie Paterson, Senior Lecturer, University of Stirling** for serving as international expert reviewers and sharing generously of their very extensive subject related expertise. **Dundalk Institute of Technology** for facilitating the release of Kevin McKenna to complete the subject related components of the review. *For 2007 Alert*: Subgroup of HSE Working Group on Work Related Aggression & Violence		
Distribution:	Each Member of the Directorate and National Director HSE Each Chief Officer, HSE Each Assistant National Director, HR Each Employee Relations Manager, HR, HSE Each Hospital Group CEO Divisional and Corporate Management Teams Senior Managers Service Managers /Designated Local Managers **Please ensure that this Safety Alert is brought to the attention of all relevant persons in the workplace**.		

Background

The Linking Service & Safety Strategy: *Strategy for Managing Work Related Aggression and Violence within the Irish Health Service* was published in December 2008 by the HSE Working Group on Work Related Aggression and Violence. Earlier, in April 2007, an Alert had been issued by a Subgroup of the HSE Working Group relating to the safety of specific physical intervention techniques. Concerns, which were subsequently corroborated by expert advice, had emerged in relation to the safety of certain techniques. The 2007 Alert has now been expertly reviewed to check its continued validity.

This Safety Alert is a reminder of the continuing concerns around the use of those specific techniques which are considered to pose potential risk to both service users and staff. It is recommended that this Alert be read in conjunction with the Alert issued in 2007 (Appended to this document is a section of the reviewed Alert: "*Responding to Concerns in relation to the Use of Physical Interventions"*) and the Policy on the Management of Work Related Aggression and Violence, which was published in October 2014 and is available on-line (see: www.hse.ie select *Staff Resources* and then *HR Policies and Procedures*).

The Issue

The physical interventions which are the cause of concern are outlined in the Appendix. The physical interventions described may give rise to a potential risk of serious injury to service users and staff.

Action

As outlined in the original alert two levels of action are recommended:

(a) Immediate action to minimize the risk of harm to all concerned in the short term.
(b) Longer term strategy.

These actions are summarised below.

Immediate Action

Managers (Line/Service/Ward/Department Managers) should review and familiarize themselves with the HSE Policy, which provides detail on responsibilities at different levels of the HSE as well as content around the appropriate use of physical interventions (Section 7.7). The risk assessment approach outlined in the Policy (Section 7.0) should be used.

In summary:

- Local managers must assess risks in their respective service settings, paying particular attention to the intervention techniques in use. For example, are the techniques of concern ever employed?
- Particular attention should be paid where there is a high frequency of use, a high level of risk (by setting or techniques in place) and/or a problem-prone population.
- Following this assessment, an appropriate local risk control strategy should be employed.

If it is determined that in limited/exceptional circumstances the techniques must be retained for use in the shorter term (because removing them would present greater risk) then cognisance must be taken of the following:

- All efforts should be made to avoid the use of these particular techniques.
- When the techniques are **absolutely necessary** they should be used for the shortest possible time only.
- In applying the techniques the safety of the patient's airway and head must be ensured.
- Hyper-flexion of the torso should be minimised.
- Extreme care should be taken to avoid an unmanaged descent to the floor.
- Extreme care should be taken during prone restraint.
- A delegated individual should monitor the safety of the patient's head and airway.

Longer Term Strategy

The longer term strategy should be addressed through the implementation of the Policy for Management of Work-Related Aggression and Violence. *http://www.hse.ie/eng/staff/Resources/hrppg/impplanaggpol.pdf*

Further guidance may be obtained through the National Health and Safety Function.

APPENDIX

RESPONDING TO CONCERNS IN RELATION TO THE USE OF PHYSICAL INTERVENTIONS

Introduction & Background

The problem of aggression and violence has been acknowledged as a persistent and pervasive problem within many health and social care settings. In situations where physical aggression may arise, staff may be required to use physical interventions to preserve the safety of all concerned.

While there has been increasing recognition of the potentially serious physical and psychological risks associated with the use of these interventions, organisational efforts to manage the risks have been hindered by the absence of regulation and high quality research evidence to guide training in, and the use of, such interventions.

Issue of Immediate Concern

During deliberations of the HSE Working Group on Work Related Aggression and Violence, concerns emerged in relation to the safety of certain physical intervention techniques. These concerns were subsequently corroborated by expert advice. While the review of interventions was not exhaustive, the immediate concern is that a number of specific techniques are considered to pose potential risk to both service users and staff.

Physical intervention techniques identified to date as potentially posing undue risk include those which involve:

- **Hyper-flexion of torso**
- **Unmanaged descent to the floor**
- **The deliberate use of prone restraint**
- **The absence of delegated monitoring of the patients welfare during restraint**

See following alert sheets for details of the specific techniques of concern

Proposed Response

Recognition of these risks places professional, statutory and moral imperatives upon the organisation to minimise the potential for these risks to result in harm. A critical dilemma in formulating an appropriate and measured response is the need to find a balance between the urgency to cease and replace the techniques, while appreciating that the precipitous withdrawal of intervention strategies without training staff in safer alternatives may well pose a greater danger than the current situation. It is also critical that managers appreciate that the review of techniques currently in use is in process, rather than complete, and that the advice provided on safety should not be regarded as definitive. Managers must remain sensitive to the possibility that while specific techniques are referred to in this Alert a further problem may exist in some instances due to the unauthorised modification by staff of techniques which they have been taught.

Having considered the complexities involved a number of recommendations are proposed:

- **That managers establish whether physical interventions are in use within their service, the service setting and the frequency of any such intervention and undertake a comprehensive risk assessment**
- **That managers ensure:**
  - **That the greatest priority for action is assigned in the risk assessment of settings in which the use of physical interventions is considered:**
    - **High volume (by frequency of use)**
    - **High risk (by setting or techniques in place)**
    - **Problem prone (by population being served)**
  - **Where physical interventions are in use, that staff receive appropriate training, updates and supervision in their application**
  - **Staff who have not undertaken such training do so at the earliest possible opportunity and avoid undertaking physical interventions in the interim**
  - **That exhaustive efforts are made to avoid the use of the specific techniques of concern**
  - **Where the use of these techniques is unavoidable, that a heightened awareness of the dangers be communicated to all concerned specifically addressing:**
    - **Hyper-flexion of limbs or torso**
    - **Unmanaged descent to the floor**
    - **The dangers of floor restraint, where the potential exists for pressure to be placed on the patient's chest, abdomen or hips to effect the restraint**
    - **The need for a nominated member of staff to monitor the safety of the patient during restraint, paying particular attention to the danger of pressure on the back, chest or abdomen, or potential obstruction of the airway or mouth and injury to the head/neck**
  - **That caution be exercised in the selection of training providers pending the formulation of system-wide guidance**
  - **That a structured approach to the replacement or minimisation of techniques of concern be developed within the shortest achievable time frame**

Reliance on Service Managers

This guidance is offered to assist managers in their efforts to respond to these concerns. However the problem is complex, multi-factorial and does not have a quick-fix solution. Despite this, managers should prioritise any identified risk in line with the following hierarchy:

- **Physical interventions in use with no staff training having taken place**
- **Physical interventions in use with staff trained in techniques now considered unsafe**
- **Physical interventions in use with staff trained in techniques which are considered safe, but which rely on limb hyper-extension or pain compliance**
- **Physical interventions which are considered safe and do not involve abnormal limb movement or pain compliance in use by staff who are adequately trained in their application**

This hierarchy should be considered within each service, in conjunction with the evaluation of 'high volume', 'high risk and 'problem prone' as described above. In areas evaluated by managers to merit priority attention the urgent replacement of the techniques of concern with suitable alternatives may need to be considered. Further advice and guidance can be obtained from the National Health & Safety Function.

ALERT SHEET 1

1. TECHNIQUE DESCRIPTION: EFFECTING A TAKEDOWN TO THE FLOOR

This technique is used to take the individual from standing to a seated position on the floor, from where the individual is brought to the supine position and from there turned over into prone position. This guidance relates to the procedure up to the point of prone restraint**.**

TECHNIQUE PICTURE: EFFECTING A TAKEDOWN TO THE FLOOR

TECHNIQUE ALERT:

- Risk to patients head which is unprotected during descent.
- Risk to staff from patients legs unprotected while in supine position.
- Transfer from supine to prone position impractical with resistive patient.
- Risks to staff and patient when attempting transfer to prone position.
- Potential risk to patient and staff from potential uncontrolled descent.
- Risk to the individuals head should they be tilted forward excessively.

RECOMMENDED CAUTIONS IN USE:

- Attempt to avoid the use of this technique.
- Risk assess if use unavoidable e.g. client obesity, unstable gait or respiratory difficulties.
- Have someone delegated to ensure patient safety during descent towards floor.
- The delegated person should be aware of how to safely manage such potentials.
- Staff using this technique should be competent in cardio-pulmonary resuscitation.
- The replacement of this technique should be strategically planned.

ALERT SHEET 2

2. TECHNIQUE DESCRIPTION: MANAGING INDIVIDUAL IN PRONE POSITION

This technique is the continuation of technique number 1 above. The staff member effects the restraint in the prone position on the floor by placing their body across the upper back and shoulder are of the individual and resting their body weight on their own forearm on the distal side of the individual.

TECHNIQUE PICTURE: MANAGING INDIVIDUAL IN PRONE POSITION

TECHNIQUE ALERT:

- Authoritative reports advise reduction or elimination of both supine and prone restraint.
- Multiple case reports associate use of supine and prone restraints with increased risk.
- Serious risk to patient if staff members weight accidentally is placed upon patients back.
- Potential for risk is function of uncontrollable variables e.g. body size of patient and staff.

RECOMMENDED CAUTIONS IN USE:

- Attempt to avoid the use of this technique.
- Risk assess if use unavoidable e.g. client and staff size, obesity, or respiratory difficulties.
- Have someone delegated to ensure patient safety during restraint on floor.
- The delegated person should be aware of how to safely manage potential risks.
- Staff using this technique should be competent in cardio-pulmonary resuscitation.
- The replacement of this technique should be strategically planned.

ALERT SHEET 3

3. TECHNIQUE DESCRIPTION: ONE PERSON RESTRAINT OF INDIVIDUAL

These techniques are used to restrain an individual who is substantially smaller than the single staff member who effects the restraint. The staff member initially places the individuals arms across their abdomen and then places one under the other in a weave technique. In the standing position the staff member turns to their side and takes the individual slightly off balance. This can be extended to a sitting position by taking the individual backwards into a seated position while the staff member kneels behind them.

TECHNIQUE PICTURE: ONE PERSON RESTRAINT OF INDIVIDUAL

TECHNIQUE ALERT:

- Authoritative reports advise reduction or elimination of these techniques.
- After prone restraint this form of restraint is associated with most serious risk to patients.
- Potential risk of head-butt injury to staff while restraint is being initiated.
- Difficult to effect the transfer of arms into weave position.
- Risk to place pressure on patients chest or abdomen and compromise respiration.
- Potential patient distress can not be observed by staff member from behind their back.
- Potential for risk is function of uncontrollable variables e.g. body size of patient and staff.
- High potential for this restraint to evolve to a more complex restraint.
- One to one restraint use problematic to defend retrospectively.

RECOMMENDED CAUTIONS IN USE:

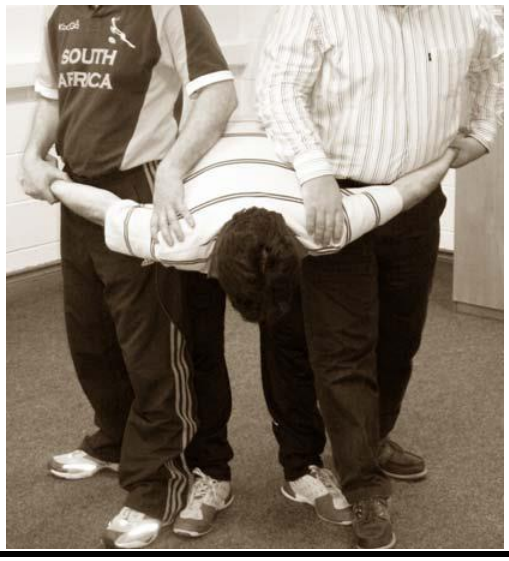
- Attempt to avoid the use of this technique.
- Risk assess if use unavoidable e.g. client and staff size, obesity, or respiratory difficulties.
- Have nominated staff member delegated to ensure patient safety during restraint.
- Staff delegated should be aware of how to safely manage potential risks.
- Staff using this technique should be competent in cardio-pulmonary resuscitation.
- The replacement of this technique should be strategically planned.

ALERT SHEET 4

4. TECHNIQUE DESCRIPTION: CONTAINING AN INDIVIDUAL STANDING

This technique essentially immobilizes the individual by turning their arms upwards and holding these around the staff members waist while bending the individual forward such that the shoulders are below the level of the waist and both staff members moving in closely to the individuals hips to immobilize leg movement.

TECHNIQUE PICTURE: CONTAINING AN INDIVIDUAL STANDING



TECHNIQUE ALERT:

- Case reports of injury in seated and kneeling positions involving hyper flexion.
- Case reports of face and head injuries from uncontrolled descents.
- Authoritative guidance cautions against uncontrolled descents.
- Established link between hyper-flexion of abdomen and respiratory compromise.
- Potential for this position to have individual in an off-balance position.
- Risk to the individuals head should they be tilted forward excessively.

RECOMMENDED CAUTIONS IN USE:

- Attempt to avoid the use of this technique.
- Risk assess if use unavoidable e.g. client obesity, unstable gait or respiratory difficulties .
- Have someone delegated to ensure safety in event of patient descent towards floor.
- The delegated person should be aware of how to safely manage such potentials.
- Staff using this technique should be competent in cardio-pulmonary resuscitation.
- The replacement of this technique should be strategically planned.

ALERT SHEET 5

5. TECHNIQUE DESCRIPTION: ASSISTED MOVING OF AN INDIVIDUAL

This technique attempts to minimize the risk to staff in the assisted moving of an individual form one location to another. The individuals arms are contained by the staff members holding the individuals wrist with their distal hand while placing their proximal arm under the individuals forearm and then griping their own distal arm above the wrist.

TECHNIQUE PICTURE: ASSISTED MOVING OF AN INDIVIDUAL

TECHNIQUE ALERT:

- Patients elbow wholly unsecured during transport position.
- Risk of rib and/or facial injury to staff.
- Case reports of rib or facial injuries to staff from unsecured elbows.

RECOMMENDED CAUTIONS IN USE:

- Attempt to avoid the use of this technique.
- Risk assess if use unavoidable e.g. client who strikes with elbow.
- Safely manage patients elbow.
- Staff should be aware of the risk this technique poses to their safety.
- The replacement of this technique should be strategically planned.