

Use of force

Patient information leaflet



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Introduction

Your ward is a safe and calming space to support your recovery. The team on your ward are trained and skilled in helping you with your mental health and physical wellbeing, always supporting your human rights and legal protections. If you want further information about this please speak to a member of the team.

This leaflet is about what can happen when people are distressed on wards, as well as the use of force. We hope by raising this topic we can avoid ever having to use force whilst you are in hospital.

The use of force is a rare event and there is lots we can do together to avoid it. Some useful information is included later in the leaflet.

The best tip we can give is to talk to any member of your clinical team about your thoughts, feelings and wishes. Tell them:

- what helps you remain calm and well
- how you react to stressful things
- how you want staff to help you during those times
- as a last resort tell them how you would prefer to be cared for if the use of force is needed.

The team should ask the same questions to your carer, family or anyone you think they should talk to.

You can expect your doctor or keyworker to raise this issue with you if they think it's needed. If you feel you want to discuss this you can do so with any member of the team.

The staff team will only use force as a very last resort. We want to be open and honest with you and hope that we can work together to **never** have to use it.

A calm and safe ward is something we should all expect. Aggression towards anyone is illegal and will be treated as such. Should the clinical team think it's needed they may involve the police. We can all contribute to a positive and safe ward.

Use of force



The interventions below are only ever used as a last resort. They are only ever used to protect you or those in contact with you from major harm. An example might be that you are harming yourself or someone else and the risk means we need to stop it fast to prevent further harm.

When force is used it must be fair to you and support your human right to be safe while you are on our ward. If you feel force was used unfairly, you can speak to us about it or an advocate, or you can make a complaint (ask a staff member about any of these).

We will always offer you the chance to discuss the incident, and any force used, at a suitable time after the incident. This allows everyone to make future incidents less likely.

Physical restraint

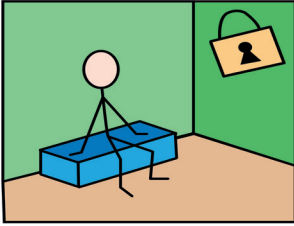


This is any time a staff member puts their hands on you to take control of your movement. Staff will always work with you to avoid this happening, but sometimes it might be necessary to keep you or those around you safe from harm.

There are different kinds of physical restraint:

- **Seated**, when two people will support you to sit in a safe place, one person either side of you, also sitting.
- **Standing**, a person either side of you will hold your arms and talk you through the moment you are finding difficult.
- **Prone**, usually four people will safely hold you in a position on the floor, you will be laying on your front and someone will talk to you at all times.
- **Supine**, usually four people will hold you on the ground, you will be facing up, again, someone will try to support you at all times.

Seclusion



This is a special room. It doesn't have many things in it. It is a safe space for people who are facing extreme emotional distress that is a risk to that person or those around them.

It is a low-stimulus room that can be adapted to support the person with emotional regulation, by adding in or taking away items (e.g. music).

It will always be used for the shortest amount of time and will only ever be used when other attempts to support the person have been exhausted.

Rapid tranquilisation



This is medication that can be offered to support you when you are struggling with difficult emotions. If you are able to, we will offer you medicine in tablet form.

If you are very distressed we might feel an injection of the same medication is the best option (e.g. if you are too distressed to take a tablet when offered).

These medicines are not given often to people and we will always try and work with you to reduce distress without medicines when possible.

Mechanical restraint



This includes a range of belts and cuffs that are made of soft materials and fasten with Velcro. These are always a last resort and used only when a person cannot be supported by a team of highly trained staff, safely, in any other way.

The use of this equipment can be traumatic and we will do anything possible not to use it. After any use, we will support you by talking about it and how it has affected you, working with you to make sure we never need to use it again.

Safety pod



This is a large bag that can be used when you are in distress that is harming you or people around you.

The pod allows staff to support you without the need to be on the floor. It helps you to be in a position that makes breathing easier.

Some patients use the pod on their own to calm down when getting very sad or angry. This can be written into your care plan if you find it helpful.

Restrictive practices

These can include blanket rules, meaning they affect everyone and can include locked doors or access to specific items. They are recorded in a register and regularly reviewed.

They could also be specific to you only and will always be based on risk, this might include personal items like your phone or CDs. These will be in your care plan with reasons recorded.

All of these are to keep you safe and well and will be regularly checked to make sure limiting access is in your best interests. You can challenge these decisions if you think they are wrong.

Things that can help you be well

Working with your named nurse and doctor we can develop a care plan and treatment plan that includes:

- your psychological needs
- psychiatric needs
- any physical health issues you need support with
- social needs (e.g. housing)
- cultural and spiritual needs
- anything else specific to you that will help us support you, with an understanding of who you are. We can speak to anyone you think can help us with this too.

If you already know what works best for you, we will help you to share this important information with the whole clinical team through a care plan or advanced plan.

A good example is bad news, this means different things to everyone. It can range from a tiny thing to a major event. We all deal with this differently and all have preferred ways of getting this news to make its effect as small as possible. We can work with you on a 'bad news plan' to make sure you don't get angry or upset if we have to share some bad news with you.

We can work with you to understand and record what supports you to be well or helps you if you are upset or angry. There are a range of things on the ward that might be helpful to you (e.g. chillout room), we can work with you to come up with things you can access or keep in your room for use in difficult times or just to keep you well.

Top tips to support wellness and recovery

Chillout Rooms and sensory support

Your ward will have either a designated chillout area or a chillout bag that you can use in your room.

We all have different things that support us in difficult times. If you have wellness tools that help you, let us know and we will support you to continue with these. If you are not sure what helps you in difficult times, we can work with you to develop a plan that works.

Mindfulness techniques

Mindfulness is something you might already use in your daily life. It's a way of focussing on the moment, through breathing and relaxation. Lots of people get relief from symptoms of anxiety and even psychosis through using these techniques. We can support you to develop your own way of using mindfulness.

WRAP plan development

WRAP stands for Wellness Recovery Action Plan. Many people develop these plans to record their own understanding of their wellness and illness, what that might look like for them and what helps them to get well or stay well.

If you don't have a WRAP plan you can ask a staff member to support you to develop your own.

Post incident support and debrief

If you are involved in any incident you can expect that a staff member speaks to you at a good time for you. If this doesn't happen, you can ask for a debrief from someone who you trust or get on with well.

If you feel you need some extra support following an incident, you can ask for this from any staff member on your ward.

Being part of your team

There are a team of people working to support you called the Multi-Disciplinary Team (MDT). They include everyone from doctors through to nursing staff, the most important member of that team is you. Nobody knows you better than you. Sharing who you are and what you feel you need is very important, it will help us to understand you and make feelings of frustration and isolation less likely, which are often feelings that lead to incidents happening.

Staff should speak to you in a calm and professional manner at all times.

You can expect a person-centred approach while on the ward. This will include:

- Identified named nurse(s)
- To play an active role in creating a care and treatment plan
- Regular access to the doctor supporting your care
- We will include family/carers when you want us to
- We will talk to you about how to avoid using force in your care

You can expect us to have an understanding of how difficult things could have been for you, in our approach to supporting you. We understand that everyone is unique and many experiences have created who we are today, not all experiences are good and we need to take that into consideration as we try to support you.

Summary

1. The staff team are here to support you and any use of restraint is an absolute last resort and must be necessary, proportionate and justifiable. We will do everything we can to avoid restraint as we know it is traumatic for you, the staff members involved and anyone witnessing this.
2. In the event force is used to contain you, we will do everything we can to learn from the incident, to make any repeat incident less likely. You can expect to be part of this process.
3. Use of force should always be fair, only to protect you or others from harm, it should never be a punishment.
4. We have a plan on your ward which helps us to constantly improve our ward and make things better for all of us, it's called a ***Talk 1st plan**. If you wish to see this ask a member of staff who will explain what it all means. You can support us by being part of positive change by sharing what works for you and what could be better.

Talk 1st is a combination of things like:

- using data
- developing staff skills and awareness using interventions called Safewards and Star Wards
- supporting you to access activities that make your time with the ward as positive as possible (ask your named nurse about any of this).

Patient Advice and Liaison Service (PALS)

Provide confidential advice and support, helping you to sort out any concerns that you may have about any aspect of your or your loved ones care. Ask a member of staff for your local PALS telephone number or find details online at

www.cntw.nhs.uk/contact/patient-advice-service/

What if I have a comment, suggestion, compliment or complaint about the service?

If you want to make a comment, suggestion, compliment or complaint you can:

- talk to the people directly involved in your care
- ask a member of staff for a feedback form, or complete a form on the Trust website www.cntw.nhs.uk (click on the 'Contact Us' tab)
- telephone the Complaints Department Tel: 0191 245 6672
- email complaints@cntw.nhs.uk Please note that information sent to the Trust via email is sent at your own risk

We are always looking at ways to improve services. Your feedback allows us to monitor the quality of our services and act upon issues that you bring to our attention.

You can provide feedback in the following ways:

- the quickest way for you to do this is to complete our short online survey at www.cntw.nhs.uk/poy
- complete a Points of You survey, available on wards, reception areas or from staff.

Further information about the content, reference sources or production of this leaflet can be obtained from the Patient Information Centre. If you would like to tell us what you think about this leaflet please get in touch.

This information can be made available in a range of formats on request (eg Braille, audio, larger print, BSL, easy read or other languages). Please contact the Patient Information Centre
Tel: 0191 246 7288

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