

Infection control guidance for physical restraint of patients
Inc. those suspected/confirmed of having Covid 19

It is important to acknowledge within in-patient mental health services we will already have had experience of supporting patients who may present with behaviour of concern or may lack capacity to engage in essential aspects of their care, and at the same time have medical concerns including infection risk. The infection control measures we must adopt now are no different, despite the significant anxiety both ourselves and our service users are currently experiencing at the risk of cross infection.

As with current practice, it is important that any restrictive interventions are kept to when they are absolutely necessary. Also, that managing behaviour of concern, in the context of infection risk is underpinned by the usual principles of proportionality, balance, compassion and that any restrictive intervention does not create difficulties that could otherwise have been avoided.

Anyone at risk of displaying behaviours of concern that may require the use of restrictive intervention must already have a PaS/PBS care plan, please ensure this is updated with identified infection control risks and measures to be taken prior to any physical restraint intervention, wherever possible this must be developed and discussed with the service user.

It is understood that this is more straightforward for planned interventions, such as self-care or administering of medication. However, consideration should also be given to how emergency interventions can observe the same planned measures where practicable.

Observing staff 'getting ready' to physically restrain by putting on PPE equipment, or being approached by staff wearing PPE can create high anxiety and could be a flashpoint for further aggressive behaviour. It may be perceived that the decision to physical restrain has already been reached. Staff to be aware of this and provide mitigation through reassurance and verbal de-escalation. It is advised staff begin discussing the changes in practice with service users within ward meetings and as part of reviewing PaS/PBS care plans.

- All staff to adhere to usual infection control measure, as per Trust procedure.
- Pre packed gloves and masks are to be made available for staff to carry, they will also be available in all airlocks for response staff.
- Prior to any physical restraint staff to ensure they are wearing gloves and masks.
- Masks with visor to be worn in cases of suspected/confirmed Covid 19 and if there is a risk of bodily fluids e.g., from spitting and/or self-injurious behaviour.
- Following physical contacts with others remove and dispose of gloves immediately, avoid touching your face and limit contact with hard surfaces before immediately washing hands and arms, if bare.
- Keep hand clear of eye, mouth and nose of others during incidents of physical restraint.
- It is advised to consider changing in to your uniform at work and change out of your uniform prior to leaving work, especially if you have come in to physical contact through physical restraint. On arriving home shower and change clothing prior to greeting other members of your household. Shower facilities are available within all inpatient services should they be required.
- Plastic aprons are not advised, they are easily ripped and may become a hazard, and also during a physical restraint they will offer little protection to body parts in contact with others. In cases of suspected/confirmed Covid 19 and where high risk behaviour is present e.g. spitting, self-harm, high levels of aggression the use of protective body suit is advised.
- Only staff that are required to be present for the safety deployment of physical restraint must be in the room, one additional staff member may be required to ensure PPE stays in situ.