Birmingham and Solihull NHS
Mental Health NHS Foundation Trust

Use of Handcuffs Policy

POLICY NUMBER & CATEGORY	**RS 27**	**Corporate Governance**
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RATIFYING COMMITTEE	**Clinical Governance Committee**	
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ANTICIPATED REVIEW DATE:	**September 2021**	
EXECUTIVE DIRECTOR	**Medical Director**	
POLICY LEAD	**Deputy Director of Nursing**	
POLICY AUTHOR (if different from above)	**Advanced Nurse Practitioner (AVERTS)/LSMS**	
FORMULATED VIA	**Positive and Proactive Care Expert Panel & Trust Consultation**	

POLICY CONTEXT

This policy sets out the operational guidelines for the use of handcuffs on service users by suitably trained and nominated Registered Nurses only from the secure directorate and PICUs within BSMHFT. The policy is intended as a resource and reference document, primarily aimed at supporting staff and safeguarding service users from the inappropriate use of handcuffs.

POLICY REQUIREMENT (see Section 2)

The policy defines

- Policy context
- The process of Risk assessment
- Training
- Procedure for attending court or receiving emergency/planned medical treatment off-site
- Procedure to escalate out of hours in SCCS and AUCAS
- The procedure for using handcuffs
- How to report, record and audit the use of handcuffs

CONTENTS

1 INTRODUCTION

1.1 **Rationale (Why)**

This policy details clinical circumstances where the use of handcuffs on service users who are detained within secure services including low-secure, and adult acute PICUs of Birmingham and Solihull Mental Health NHS Foundation Trust may be appropriate.

1.2 Scope (Where, When, Who)

1.2.1 The use of handcuffs in health care settings could be viewed as a contentious aspect of clinical care. This may be deemed necessary for those individuals who present a significant risk of absconding or violence whilst being escorted outside secure environments for essential purposes only. Within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) it has been agreed that the use of handcuffs shall only be appropriate within Secure Services and Psychiatric Intensive Care Units, restricting their use to the following areas, secure men's service Reaside Clinic, secure women's and FCAHMS services at Ardenleigh (including low secure service) and Tamarind men's secure service, Caffra, Meadowcroft and Eden PICUs in Acute and Urgent Care Services (AUCS).

1.2.2 This policy also relates to any other PICU services that may come on line in the future. The use of handcuffs is a restrictive practice and therefore comes under the auspices of the Trust violence reduction plan which includes an overall reduction in the use of broad restrictive practices, especially restraint. Their use should be determined by clinical judgement and the management of high risk and supported by a comprehensive risk assessment.

1.2.3 This policy only applies to handcuffs supplied and applied by Trust staff. Third party organisations sub-contracted to convey service users to appointments, inter-hospital transfers and court appearances are bound by their own policies and procedures as agreed as part of their contracts. Trust staff however remain responsible to provide an advocacy role for the service user during such times.

1.2.4 Where individuals meet the agreed criteria, using handcuffs to manage a patient's high risk of violence to themselves, or to others and for managing their absconding risk whilst they are being escorted outside the secure environment, may be justifiable as part of an agreed individual care and risk management plan. As with all restrictive practices this should be for the shortest period of time possible in relation to the identified risk and managed with a degree of sensitivity and dignity.

1.2.5 Soft Cuffs do not form part of this policy and may only be used in conjunction with the Emergency Response Belt (ERB) as their use in isolation has proven to carry high risks while out on escort. Detail of their use in the context of the ERB can be found in the Emergency Response Belt Policy.

1.3 Principles (Beliefs)

1.3.1 The Trust positively supports individuals with learning disabilities and ensures that noone is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

1.3.2 The use of handcuffs will always be considered as 'an exceptional event'. The frequency of their use for high risk situations should not diminish their 'exceptional event' status. They will only be used in situations where they represent the most appropriate and pragmatic method of managing a patient's risk during an unavoidable escorted journey. In such situations, it is essential that the patient is formally assessed by his/her Clinical

Team (or agreed out of hour's on-call service) and considered to present a significant level of risk of violence and/or absconding while on escort outside of the secure environment and that this is not reasonably manageable by other less restrictive means.

1.3.3 As with any strategy to manage risk, there should be a comprehensive individualised care plan drawn up, which clearly identifies the most appropriate method of management including any circumstances where potential alternatives may be considered and/or additional safeguards that would be required ie minimum staffing levels.

1.3.4 However, it is acknowledged that some situations may occur where an escorted journey or a high risk individual is unavoidable or essential to their wellbeing e.g. Court appearances or attendance for some form of medical emergency treatment. It is at these times the potential use of handcuffs may be considered as the most appropriate course.

1.3.5 In all instances the MDT should develop a clear plan of the expectations placed on escorting staff to include clear direction on what to do if requests are made to remove handcuffs as part of treatment in hospital or at the request of the courts. All escorting staff are to read this plan prior to undertaking the escort. Further details are contained in Section: 3 Procedure of this policy.

2 POLICY (What) –

This policy sets out the operational guidelines for the use of handcuffs on service users by suitably trained and nominated Registered Nurses only from the secure directorate and PICUs within BSMHFT. The policy is intended as a resource and reference document, primarily aimed at supporting staff and safeguarding service users from the inappropriate use of handcuffs.

2.1 USE OF HANDCUFFS

2.2 **Use of Handcuffs should be considered for**:

- Service users whose significant risk of absconding cannot be adequately managed by appropriate numbers of experienced staff. The level of risk should be supported by a clinical risk assessment completed and recorded in the patient's case notes.

- The management of a service user who is considered to present a significant risk of harm to self or others whilst being escorted, or if they were to abscond from the escort. The level of risk should be supported by a clinical risk assessment completed and recorded in the service user's case notes.

- Transferred prisoners who are considered to present a significant risk of absconding. The level of risk should be supported by a clinical risk assessment completed and recorded in the service user's case notes.

- A service user deemed fit to attend court but who may be a risk of assaulting staff may be handcuffed, when this becomes the only safe available option in managing the risk confronted by the escorting staff.

- RC must stipulate use of handcuffs on form when applying to the Ministry of Justice for **Medical Leave appendix 6**

2.3 Handcuffs should not be used:

- As a means of restraint outside the scope of this policy.
- For informal service users
- In extreme or life-threatening situations where a patient's physical safety may override the need to handcuff them e.g. medical emergency.
- For dealing with high-risk situations or emergencies where Police involvement is appropriate and represents the safest option.
- If a patient is assessed as being unfit to undertake the journey or attend the appointment e.g. unfit to attend for court appearance.
- Because of shortage of staff to undertake the escort duty.
- Where higher numbers of staff would be able to appropriately and safely manage the patient's risk of violence and/or absconding.
- For the convenience of the escorting staff.
- On service users remaining within Trust premises.
- To manage the potential or actual high public profile of the individual patient being escorted outside Trust premises.
- As an ad-hoc measure to be utilised after leaving the secure environment.

2.4 Risks associated with the use of handcuffs

- A person's ability to protect themselves during a fall is compromised by not allowing free movement of the arms. Staff should take this into account when considering action to manage any absconsion attempt.
- Handcuffs might increase the risk of strangulation if the person is sat or permitted to get directly behind another.
- Over-tightening or manipulation of the handcuffs can cause discomfort and potentially soft tissue, nerve and bone injuries.
- May increase levels of spectatorship/interest from the public.

3 PROCEDURE

3.1 Procedure for Determining the Use of Handcuffs 3.2 Risk Assessment

3.3 The use of handcuffs should only ever be considered as an appropriate option when based on the outcome of a thorough, MDT assessment of an individual's risk, and then only when that outcome indicates that the individual is of a high risk of either absconsion or violence and there is no other viable and safe alternative means of management. Risk assessment and process should take into account the formal risk assessment guidance contained in **appendix 2** and escort status flowchart in **appendix 4**.

3.4 If a journey outside the secure environment is unavoidable, it is essential that a full discussion take place to establish detailed plans to account for the specific risk management and security needs of the escorted journey. The patient's Responsible Clinician [RC] (or the on-call consultant if they are unavailable) should facilitate this discussion and include all relevant staff.

3.5 Handcuffs should only be applied to an individual for the purpose of conveyance outside of a secure environment where the journey is unavoidable.

3.6 An authorisation of use form (**appendix 1**) will be completed as part of the risk assessment and care planning process.

3.7 Any risk assessment being carried out for the potential classification of a high risk status should amongst other things include consideration of the following points:

- Previous/recent history of violence
- Previous/recent history of absconsion
- Current leave status
- Current legal status
- Current mental state
- Potential risk to others e.g. previous victims or other identified individuals

3.8 Once an individual has been assessed as high risk, a copy of this assessment should be placed in the individual's clinical records/notes for easy reference for escorting staff implementing any future use of handcuffs.

3.9 Any individual who is designated a 'high risk' status should have their status re-assessed regularly as to whether it remains at an appropriate level, this should be evidenced in the minutes of the clinical team meeting and entered on to the individuals care records.

3.10 In accompaniment to the risk assessment there should be a pre agreed care plan developed by the MDT which highlights all the identified risks and the minimum levels of intervention/management required to maximise the safety of the individual, staff, other professionals and members of the public. Increases to the minimum levels should be considered if appropriate to the specific circumstances of the escort and inform the care plan.

3.11 RECORDS & REPORTING

3.12 The clinical nurse/service manager should be informed as soon as possible of the decision to use handcuffs on a patient.

3.13 Permission to issue handcuffs for use with a patient will be recorded on the record form and stored in the patient's clinical records by the RC (or designated deputy) and Senior Nurse. In circumstances where permission from the RC or on-call consultant and Senior Nurse must be given by telephone (e.g. in out-of-hours emergency situations) the most senior nurse/manager (and doctor, if available) in the unit will make an entry in the patient's clinical notes, stating that the above persons have given their permission by telephone. The out of hours escalation process for AUCS can be found in **appendix 5**.

3.14 A Registered Nurse will be nominated as in-charge of the escort and will be responsible for ensuring the appropriate and authorised use of handcuffs. Additionally, a Registered Nurse who is an 'approved handcuff user' must be present with the patient at all times when handcuffs are used. The 'approved user' who takes receipt of the equipment from the Duty Senior Nurse is responsible for ensuring the safe and secure storage of the handcuffs and keys throughout their use, and their return. For prolonged periods of the use of handcuffs (i.e. over more than one shift period) adequate arrangements should be made for the correct number of approved users to assume responsibility for such periods.

3.15 Associate Nurses will not be considered 'approved handcuff users' as they do not currently have professional duties under the MHA (1983) COP. This policy will be reviewed and amended to reflect any such changes in the future.

3.16 A detailed register of the issue and return of handcuffs and keys will be kept in an agreed designated secure storage area with the equipment. This will be monitored by the ward manager on a monthly basis.

3.17 Every incident where handcuffs have been used should be supported by a detailed care plan and evaluation of that care plan in the service user's care record. This will be audited by Matrons on a quarterly basis. Issues should be escalated to ward managers, CNM, and local CGC and actions to address reported to Trust CGC via the PPCEP as part of this process.

3.18 A record of the assessment of the service user's risk status and justification for the use of handcuffs must be made in the service user's clinical records.

3.19 The nurse in charge of the escort must submit an Eclipse incident report for every occasion where handcuffs are issued and/or used. This will include information as to the clinical and practical justifications for their issue and/or use throughout the escorted journey so that a full evaluation can be undertaken.

3.20 The handcuffs will need to be maintained on a regular basis to ensure the mechanisms are in working order. This requires manipulating the mechanism and applying lubricant (WD40) if required to ensure the mechanism does not seize. Lubricant should be used regardless at least every two months. In AUCS this should form part of the weekly unit checks, and remain the responsibility of the ward manager. Staff should use the maintenance log sheet (appendix 3) to record this check.

3.21 In secure services the check outlined in section 3.20 will be conducted by the security staff.

3.22 The Clinical Nurse Manager via the Advanced Nurse Practitioner (Security) in SCCS, FCAMHS and Low-secure services,(and the matron in AUCS) will monitor the weekly checks monthly and provide the following regular reports:

- A quarterly report regarding any use of handcuffs to their appropriate Clinical Governance Committee with a copy of this report sent to the Trust Positive and Proactive Care Expert Panel (PPCEP).

- A local audit of the weekly handcuff use and return and the maintenance log on a quarterly basis to their local CGCs to ensure the device remains fully functional at all times. A copy of this audit should be forwarded to the PPCEP.

3.23 Planning for Court Appearances

3.24 A Registered Nurse will be nominated as in-charge of the escort and will be responsible for ensuring the appropriate and authorised use of handcuffs. Additionally, a Registered Nurse who is an 'approved handcuff user' must be present with the patient at all times when handcuffs are used. The 'approved user' who takes receipt of the equipment from the Duty Senior Nurse is responsible for ensuring the safe and secure storage of the handcuffs and keys throughout their use, and their return. For prolonged periods of the use of handcuffs (i.e. over more than one shift period) adequate arrangements should be made for the correct number of approved users to assume responsibility for such periods.

3.25 There should always be a clear plan in place for service users who have to present at court if alternative methods of giving evidence (ie video streaming) are not considered appropriate. Given the timescale involved in court appearances it is therefore appropriate that a plan is developed.

- When the court date and venue is established the MDT should discuss the need for handcuffs using the risk assessment process established earlier in this policy.

- The relevant court should be contacted by the most suitable mental healthcare professional and the following information relayed:

    1. That the person attending court will be in handcuffs
    2. State the risk factors involved if the handcuffs are removed
    3. Establish and document the court's position on handcuffs based on the information given
    4. Plan the escort and required resources based on this information
    5. Communicate the plan to the MDT and those who will be involved in the escort

3.26 **Planning for Emergency Treatment**

3.27 There should be a clear plan in place for service users who have previously required emergency admission to hospital for treatment.

3.28 The relevant treatment service (ie, A&E) should be contacted ahead of the escort and the following information relayed:

1. That the person attending for treatment will be in handcuffs

2. State the risk factors involved if the handcuffs are removed and ask they be communicated to medical staff
3. Establish and document the treatment area's position on handcuffs based on the information given
4. Plan the escort and required resources based on this information
5. Communicate the plan to the MDT and those who will be involved in the escort

3.29 If the service user has incurred an injury where it is likely the handcuffs will impede treatment and will have to be removed, appropriate staffing will be required to manage potential high-risk behaviour. Escorting staff should be clear what to do in such a situation prior to commencing the escort, and will be informed by the individual's agreed risk management plan.

3.30 The agreed plan should be recorded in the patient's clinical records and specify:

- The escorting staff requirements and their individual specific roles and responsibilities, including any strategic staff positioning at various points of the journey, e.g. when boarding or alighting the vehicle.

- Communication arrangement between the base, the vehicle and the destination.

- Consideration should also be given to the transport arrangements for outward and return journeys, including the type of vehicle (this should represent a level of security that is in keeping with the high risk status of the individual), loading arrangements, seating arrangements, and unloading arrangements.

- The route to the destination, the arrival point (this may include parking and/or drop off arrangements) and any arrangements to be received by other establishment/agency.

- If external secure transport providers are used then Trust staff will have an advocacy role and maintain the safety and wellbeing of the service user at all times

3.31 If a patient is assessed and considered to present a High Risk Escort, the Clinical Team should consider whether or not the use of handcuffs represents an appropriate method of managing the identified risks. In emergency or unforeseen situations however, the RC or on-call consultant, Duty Senior Nurse and ward staff should make this assessment jointly.

3.32 The availability and use of handcuffs within the secure care programme /FCAMHS and AUCS PICUs will not normally be discussed in the presence of service users or visitors. However, a Clinical Team should always discuss the use of handcuffs with an individual service user for an escorted journey to or from the secure environment prior to the event to inform them of the decision to use handcuffs on the journey, the procedure, and to obtain their views, but does not include the patient's consent. The timing of the discussion with the service user is important, specifically where there is believed to be a risk of absconsion, to mitigate against the patient communicating details of the journey to anyone minded to assist the patient's absconsion. In emergency situations, the on-call doctor and Duty Senior Nurse/manager will discuss this issue with the patient following discussion with the service user`s RC or on-call consultant. In the extreme circumstance in AUCS that

the duty manager is a non-clinician, the nurse in charge will liaise with the manager using the MDT pre-agreed individual care plan that should have already been to support the decision-making on the use of handcuffs.

3.33 The handcuffs will be applied at the point of departure of the patient, and they must be removed immediately upon return. All journeys where service users are handcuffed should depart and arrive via the secure vehicle airlock (or PICU equivalent), which offers a discrete route and suitable location for handcuffs to be applied and removed prior to leaving and on re-entering the building via the same route.

3.34 Where the patient refuses to have handcuffs applied, an immediate risk assessment of the situation should be undertaken and consideration given to the following options:

- Termination of escort
- Request police assistance

3.35 The application of handcuffs is a proactive way to manage prospective high risk behaviours that have been established through robust risk assessment on an individual basis. It is therefore not considered appropriate for staff to carry handcuffs as a contingency plan, applying them if required and outside of a secure environment.

3.36 Where an escort is required due to an emergency outside of normal office hours (09:00- 17:00hrs), then the on-call senior nurse/manager should be immediately informed, this will enable them to respond in an advisory capacity to the staff facilitating the escort. In A&UCS this will be escalated to the on call manager. If the on call manager is a nonclinician the decision making process will be informed by the existing MDT care plan for use of handcuffs with an individual patient, and the current risk assessments established by the nurse in charge at the time of escalation.

3.37 Where the escorting staff are faced with potentially making decisions relating to deviating from the agreed escort plan/procedure, or they feel they require an increased level of support they should consult with the on-call senior nurse before making said decisions. Contingency for removing the handcuffs while on escort should be included in the risk management plan.

3.38 It is expected that for any out of hours emergency the nurse in charge of the escort should have received an update within the previous 12 months on their Averts/handcuff training including at a minimum 6 months experience of practice working in a secure care inpatient setting.

3.39 In secure services handcuffs should be obtained from the Reception and will only be issued to staff that fulfil the requirements of 3.30 section of this document

3.40 Before the respective member of staff applies the handcuffs s/he must inform the patient clearly of what s/he intends to do. S/he must also inform the patient of his rights under these circumstances, including the right to complain and in particular provide an explanation about the complaints process.

3.41 EQUIPMENT SPECIFICATION, STORAGE & ISSUE

3.42 The type of handcuffs approved and provided for use within the Secure Care, FCAMHS services and AUCS is the 'curb-chain' type. Only these handcuffs are authorised for use when escorting service user`s from the Secure Care, FCAMHS services and AUCS where they have been designated as high risk.

3.43 The handcuffs will be securely stored in an agreed designated locked cupboard at each of the secure environments the keys for which will be held in each sites' respective reception control room. Only an authorised Duty Senior Nurse may access the keys from the reception control room. Approved users will constitute any Registered Nurse that is up to date with their AVERTS training and been employed in their role for a minimum period of 6 months. Any equipment removed from the cupboard (handcuffs and keys) must be signed out when they are issued recording the handcuff specific serial number.

3.44 In secure care services the Duty Senior Nurse will issue 1 pair of handcuffs and 2 keys to an 'approved user' for situations where a risk assessment and detailed care plan indicate the authorised and appropriate use of handcuffs on a patient during an escorted journey away from the secure environment. The Duty Senior Nurse and 'approved user' will both sign the appropriate record of issue and receipt. One key should be held by the "approved handcuff user" while the other is discreetly held by a colleague. Both keys should not be maintained on the same ring.

3.45 Upon return, the 'approved user' will return the handcuffs and 2 keys to the Duty Senior Nurse and they will both sign the appropriate record of return and receipt.

3.46 The Duty Senior Nurse will check the contents of the secure storage cupboard on weekly basis and make a record of their check in the appropriate record contained within the cupboard. The Duty Senior Nurse (ward manager or designated deputy in AUCS) will also be responsible for maintaining the handcuffs (eg lubrication at least every 6 months, with WD 40 or similar product), and report immediately if there are any items missing/damaged to the Service Director or their designated deputy. Use of WD40 or similar product should be entered on the handcuff maintenance sheet in Appendix 3.

3.47 In AUCS PICUs, the above procedures for allocating and returning and monitoring the use of handcuffs will be conducted by the nurse in charge, supported by the MDT agreed care plan for using handcuffs on an individual service user.

3.48 In UCAS PICUs handcuffs will be stored in a secure place on the unit accessible only to authorised staff and the location communicated clearly to staff, including TSS staff.

3.49 Handcuffs will only be applied and removed by Registered Nurses who have attended their AVERTS update which can be verified through their Fundamental Training status as evidenced by their individual training statement.

3.50 If the service user is on prolonged escort, registered staff should check the physical wellbeing of the service user every four hours in line with the Mental Health Act Code of Practice. Checks should focus on:

1. Making sure there is no evidence of swelling on the wrists
2. Making sure there is capillary flow in fingertips
3. Making sure that the service user is not in any form of discomfort due to handcuffs being in situ

3.51 REMOVAL OF HANDCUFFS WHILE ON ESCORT

3.52 As a general philosophy, once the handcuffs are applied they should remain on for the duration of the escort, until returning to a secure setting, this may even include the individual accessing toilet facilities. Should the handcuffed individual require the toilet there should be a minimum of two gender specific staff available to accompany them. Staff will be expected to carry out a brief risk assessment of the toilet area prior to use, assessing for any issues in regard to routes of escape, potential self-harm, access to weapons or risk to members of the public.

3.53 If treatment for any other reason may indicate the removal of handcuffs then a pre-agreed plan of holding using AVERTS techniques should be implemented to minimise any identified risks due to the removal of the handcuffs. Post treatment handcuffs should be re-applied before holding is released (this should first be risk assessed in relation to the treatment received). If the individual refuses to have the handcuffs re-applied, staff should consolidate their current situation and contact their base for advice. In extreme circumstances it may be advisable to consider whether police attendance would be appropriate.

3.54 It may be deemed appropriate for handcuffs to be removed while using the toilet. This should be considered only if this is a strategy agreed by the clinical team and clearly documented in the service user's management plan prior to leaving for the escort. Two gender-specific staff members should be present throughout the time the individual is in the toilet area. Handcuffs should be reapplied afterwards and any issues with compliance should inform risk assessments for future escorts.

3.55 TRAINING

3.56 All training in the use of handcuffs will be carried out by the AVERTS department, this will include both initial training and any subsequent refresher training.

3.57 All registered nurses in secure care AUCS PICUs will receive training on use of handcuffs within the 5 day and refreshed via 1 day update averts training. These standards will define their status as an 'approved user'. This training will also be extended to registered nurses working on the nurse bank.

3.58 To remain an "approved handcuff user" all registered nurses must attend annual AVERTS update during which they will receive an update in the application and removal of handcuffs.

3.59 An aide memoir video will also be available on the AVERTS page to remind staff who are current approved handcuff users of the process in-between their training sessions. This will not however constitute or replace approved training.

4 RESPONSIBILITIES

This is to be completed and should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	Staff in areas where handcuffs are sanctioned for use will be aware of this policy and its processes for safe application, storage, maintenance, and transparent reporting and recording of use. Ward Managers are responsible that handcuffs are well maintained, and the record keeping of usage is current and within the parameters of section 3.10 of this policy.	
Service, Clinical and Corporate Directors	Be aware of and support the contents of this policy in terms of the out of hours escalation measures, audits of usage and their reporting to Trust CGC.	
Policy Lead	Through the PPCEP have oversight of the application of this policy in clinical services, including the findings of audit reports provided to the PPCEP from matrons and CNMs.	
Executive Director	To respond accordingly to potential issues with the usage of handcuffs in any specific service, including commissioning PPCEP investigations if required.	
Others…..	CNMs and Matrons and ANPs with a security remit are to audit and monitor handcuff usage and maintenance in their services as laid out in section 3.10 of this policy.	

5 DEVELOPMENT AND CONSULTATION PROCESS

This is an outline of who has been involved in developing the policy and procedure including Trust forums and service user and carer groups.

Consultation summary	
Date policy issued for consultation	August 2018
Number of versions produced for consultation	2

Committees or meetings where this policy was formally discussed		
Positive and Proactive Care Expert Panel		July 2018
Trust CGC		September 2018
Where else presented	**Summary of feedback**	**Actions / Response**

6 REFERENCE DOCUMENTS

Mental Health Act (1983) Code of Practice (DH, 2015)

Human Rights Act (1998) (DH, 1998)

Positive and Proactive Care (DH, 2014)

NG: 10 – Violence and aggression: short term management in mental health, health and community settings (NICE, 2015)

7 BIBLIOGRAPHY

N/A

8 GLOSSARY

AVERTS Approaches to Violence through Effective Recognition Training for Staff

AUCAS Acute and Urgent Care Services

FCAMHS Forensic Child an Adolescent Mental Health Services

PICU Psychiatric Intensive Care Unit

PPCEP Positive and Proactive Care Expert Panel

SCCS Secure and Complex Care Services

9 AUDIT AND ASSURANCE

All instances where handcuffs are issued /used should be recorded through the Trusts “Eclipse” Incident monitoring system. All handcuff related Eclipse Incident alerts will automatically be forwarded to the AVERTS Department.

Through this process the dedicated AVERTS Advisors/consultants for SCCS,FCAMHS - and AUCS will monitor any reported use of handcuffs and report any concerns through the local management structures (both AVERTS dept., FCAMHS, SCS, and AUCS GCG), local governance arrangements and the PPCEP.

Element to be monitored	Lead	Tool	Freq	Reporting Arrangements	Acting on Recommendations and Lead(S)	Change in Practice and Lessons to be shared
Section 3.16: Completion of weekly maintenance checks and handcuff usage	Deputy Director of Nursing	Audit of Handcuff Maintenance / Usage Logs	Monthly Audit Quarterly Reporting	Matrons/ANPs to CNMs/CDs to Local CGC, PPCEP to Trust CGC	CNMs, ADs, CDs, Local CGC, PPCEP/Trust CGC	
Section 3.17: Use of handcuffs supported by a care plan and evaluation plan	Deputy Director of Nursing	Monthly Care Records Audit	Monthly Audit Quarterly Reporting	Matrons/ANPs to CNMs/CDs to Local CGC, PPCEP to Trust CGC	CNMs, ADs, CDs, Local CGC, PPCEP/Trust CGC	
Section 3.19: Use of handcuffs recorded on electronic reporting systems	Deputy director of Nursing	Audit of Eclipse System	Monthly Audit Quarterly Reporting	Matrons/ANPs to CNMs/CDs to Local CGC, PPCEP to Trust CGC	CNMs, ADs, CDs, Local CGC, PPCEP/Trust CGC	

10 APPENDICES

Appendix 1: Authorisation Form

Appendix 2: Risk Assessment Considerations for Planning Escort using Handcuffs

Appendix 3: Handcuff Maintenance Record Log

Appendix 4: Flow Chart to Establish Escort Status

Appendix 5: Escalation Process for Out of Hours (AUCS)

Appendix 6: MOJ Medical Leave Application for Restricted Patients

Appendix 7 Equality Impact Assessment

APPENDIX 1

Authorisation Form to be completed by Clinical Team (In patient care plan must be attached)

Patients Name:	
Date of Escort:	
Purpose of Escort to include destination:	

Escorting arrangements **List staff who escorted and indicate whether trained in the use of handcuffs**
Authorisation and rational for use of handcuffs documented on (rio)

Risk assessment of any issues that need to be considered documented on RIO
Leave prescription /inpatient care plan attached including reference to approval by MOJ if required.
Eclipse form completed **Signed RC(or nominated deputy):**

APPENDIX 2

Risk Assessment Considerations for Planning Escort using Handcuffs

All patients have an assessment of their risk which is then documented in the clinical record to establish whether they are a high risk escort. This guidance is to be used in conjunction with the Section 3 PROCEDURES and appendix 4 of the Handcuff Policy.

The decision to implement this procedure will be discussed and agreed at the Patient Clinical Team Meeting. This discussion must involve the multidisciplinary team including the patient's Responsible clinician (RC) or nominated deputy. A formal risk assessment (again documented in the leave legal status of the clinical record) and a detailed care plan must be completed, which takes into account the following points:

- **Nature of escort – planned/emergency**
- **Need for escort – can the procedure/event take place on the unit**
- **Duration of escort**
- **Patient's current physical state, particularly conditions or circumstances which could be relevant to use of handcuffs, e.g. muscular-skeletal injuries, cuts**
- **Current mental state of the patient**
- **Risk to public, staff or patient. To include risk of violence and aggression for the duration of the escort. Is the patient assessed to be compliant or non-compliant? What would be the indicators of non-compliance?**
- **Legal status**

- **Leave status**
- **Past/recent history of absconding**
- **Use of secure vehicle with trust driver**
- **Use of ambulance. An emergency transfer requiring the use of a Paramedic ambulance may still require the use of handcuffs. However it is accepted that the risk of escape is overshadowed by the risk of a life threatening condition. Handcuffs will not be used if this hinders any procedures to be undertaken by the paramedic staff. (Ref: Mental Health Act Conveyance Procedure. BSMHFT Policy MHA04)**
- **Destination – environment, exits, availability of waiting room, ability to accommodate patient and escorts. Familiarisation with the destination by staff will increase confidence and should be undertaken where practicable by at least one member of staff prior to undertaking a High Risk Escort.**
- **Any circumstances in which a patient's handcuffs may potentially be removed and re-applied whilst outside of Secure Services e.g. certain treatments/therapies would need to be considered prior to the commencement of the escort. Any potential treatment options would need to be clearly discussed and planned for and based on clinical needs, this should be made clear at point of contact with destination prior to escort, as laid out in section 3.4 of this policy. For Treatments such as ECT or MRI where handcuffs would need to be removed this should occur after sedation and be re-applied prior to full consciousness. A member of the medical team administering treatment has the potential to ask for staff to remove handcuffs to administer treatment and contingency for this built into any plan prior to the escort and communicated to all members of the team.**
- **If treatment for any other reason may indicate the removal of handcuffs then a pre-agreed plan of holding using AVERTS techniques should be implemented to minimise any identified risks due to the removal of the handcuffs. Post treatment handcuffs should be re-applied before holding is released (this should first be risk assessed in relation to the treatment received). If the individual refuses to have the handcuffs re-applied, staff should consolidate their current situation and contact their base for advice. In extreme circumstances it may be advisable to consider whether police attendance would be appropriate.**
- **Impact factors such as the numbers of escorting staff, their skills, ethnicity and gender mix along with physical comparison to the patient.**
- **A risk assessment of the area to which the patient is to be escorted and any action needed to reduce the risk of absconding. (This may need to take place immediately on arrival in some cases.)**
- **Risk of accomplice assisting the patient to abscond may be reduced by limiting knowledge of the escort date/time route etc., but staff will require clear guidelines on the procedure should this occur and this should be discussed and formulated as part of the overall risk management plan**

previous recommendations and implications for future escorting events, made in the post-escort analysis.

APPENDIX 3

Birmingham and Solihull NHS
Mental Health NHS Trust

Secure & Complex Care Programme/ AUCS Handcuff Maintenance Record Log

With reference to the Birmingham and Solihull Mental Health Services NHS Trust Handcuff Policy item 2.4 the handcuffs kept in the agreed designated locations in secure care, FCAMHS and AUCS have been subject to a weekly review. The condition of the handcuffs has been reviewed and the safe function of the ratchet and key mechanisms has been checked. Use of any lubricant if required should be documented under 'Action Taken' section.

Date:	Signatures:	Action Taken:

APPENDIX 4

SCCS /FCAMHs, AUCS PICUs

This tool is intended to assist with Structured Clinical judgement when assessing and reviewing escorted leave. There may be other factors not indicated here which increase/decrease level of risk

FLOW CHART TO ESTABLISH ESCORT STATUS

Or All Escorted Community Leave

STRUCTURED CLINICAL JUDGEMENT

Is Nurse in Charge aware of any information that would increase risk status they must refer to Duty Manager/Senior Nurse/RC Consultant on call?

FACTORS THAT MAY INDICATE PATIENT LOW RISK

- CTM Assess low risk of absconsion (No recent history or threat to abscond/escape)
- *No immediate danger to self or others if abscond/escape*
- *Current mental state stable*
- *Currently have community leave*
- *Compliant with treatment*
- Currently have escorted leave only outside secure perimeter

FACTORS THAT MAY INDICATE PATIENT MEDIUM RISK

- CTM assess medium risk of absconsion (some historical facts or threat to absconsion/escape)
- Some impulsivity of behaviour that may pose a risk to self or others if abscond/escape
- Current mental state can fluctuate

- Briefing Session to take place prior and post escort

FACTORS THAT MAY INDICATE PATIENT HIGH RISK

1. CTM assess high risk of absoncion (historical and recent history or threat to abscond/escape)
2. Pose an immediate risk to self or others if abscond/escape
3. Exhibiting acute symptoms of mental illness and/or challenging behaviour
4. Have no leave outside secure perimeter
5. Patients detained under legal status 35, 36, 38, 47, 48, and 49

LOW

Escort according to current leave

Transportation negotiable with what is available CTM ,Duty senior

Routine observation and report as per procedure

MANAGEMENT INTERVENTIONS entitlement

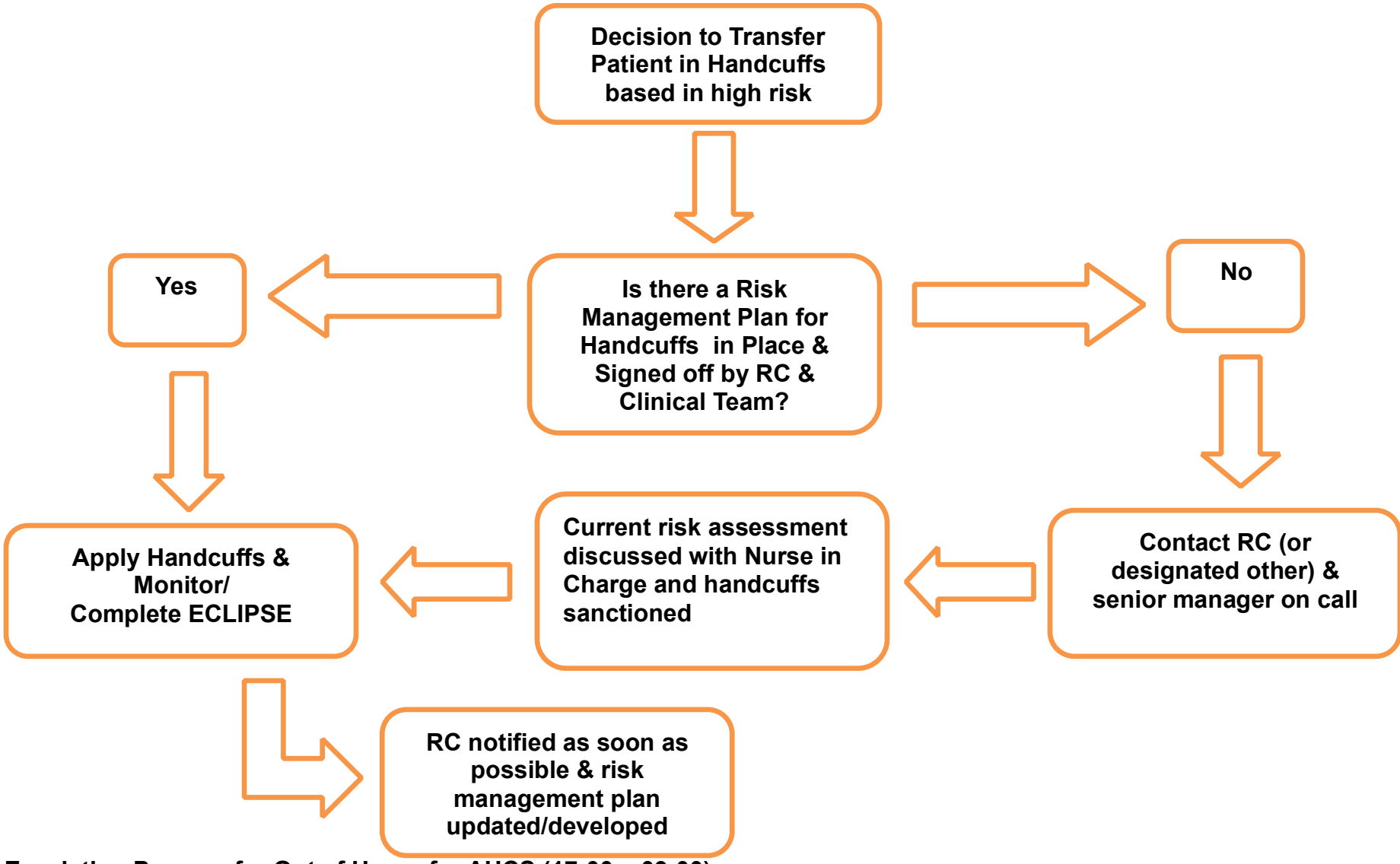
MEDIUM

- Number of escorts to be agreed by nurse for unplanned escorts and clinical team
- Care plan to be formulated and agreed
- Transportation in Secure van/hospital transport

HIGH

1. **Is trip necessary? Can procedure/event take place on the unit?**
2. **Minimum three escorts required (one registered nurse)**
3. **Secure Transport, with additional driver that remains at escort venue (in house)**

4. Care plan formulated with Duty senior nurse outside office hours



APPENDIX 5: Escalation Process for Out of Hours for AUCS (17:00 – 09:00)

Ministry of JUSTICE

Medical Leave application for restricted patients
Mental Health Casework Section

Please send the completed form to the Mental Health Casework Section **at: MHCSTeam1@noms.gsi.gov.uk (case letters A-Gile); MHCSTeam2@noms.gsi.gov.uk (case letters Gilf-Nev); MHCSTeam3@noms.gsi.gov.uk (case letters New-Z) or fax to 0300 047 4387 (case letters A – GEO) or 0300 047 4395 (GEP – NEAL and NEAM – Z)**

With immediate effect, each occasion of leave for medical appointments or treatment will require the written consent of the Ministry of Justice. **If the Secretary of State has previously granted permission for escorted or unescorted community leave at the Responsible Clinician's discretion, and that permission has not been revoked, no further application for leave is required.**

Patient's basic details

Full name of patient

Date of birth

MHCS reference

Location of index offence

Responsible clinician's details

Responsible clinician

Address

Telephone number

Fax number

Email address

Leave proposal

Please note that any leave taking place outside the designated security perimeter of the named unit, hospital or ward requires Secretary of State approval **unless** the hospital has a current agreement with the Mental Health Casework Section specifically devolving agreement to the Responsible Clinician.

Type of medical leave proposed ☐ Hospital ☐ Dental ☐ Other

Other (please specify)

Reason(s) for appointment:
(The precise nature of the treatment required)

Address of hospital/clinic/surgery etc.:

Date(s) of appointments – if available
(Will follow up appointments be required?)

Escorting and transport arrangements (please specify if handcuffs will be used):

(Number of escorts and details of transport that will be used)

Current mental state and compliance:
(Whether in your clinical opinion the problem necessitates a medical appointment?)

Is the leave likely to bring the patient back to the area of the index offence or near to victim(s) of the offence?

Risk of absconding:

Responsible clinician's signature		Date	

Appendix 7 **Equality Analysis Screening Form**

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	**RS 27: Use of Handcuffs Policy**		
Person Completing this proposal	**XXXX**	**Role or title**	**Advanced Nurse Practitioner (AVERTS)**
Division	**Corporate**	**Service Area**	**Trustwide**
Date Started		**Date completed**	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
To ensure that application of handcuffs – if required - when service users are conveyed between Trust sites by Trust staff is: 1. Lawful 2. Not applied as a blanket restriction 3. Maintains the dignity of the service user			
Who will benefit from the proposal?			
Service users being conveyed in secure transport while in handcuffs. Staff in secure services, FCAMHS and PCUs.			
Impacts on different Personal Protected Characteristics – *Helpful Questions:*			
Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*		*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*	
Please click in the relevant impact box or leave blank if you feel there is no particular impact.			

Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**

Age	✓			**Supported by HRA legislation & MHA COP**

Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	✓			**As above**
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	✓			**As above**
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	**N/A**			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	✓			**Supported by HRA legislation & MHA COP**
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and postnatal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	✓			**Supported by HRA legislation & MHA COP**
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	✓			**Supported by HRA legislation & MHA COP**

Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	✓			**Supported by HRA legislation & MHA COP**
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?				

Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	✓			**Supported by HRA legislation & MHA COP**
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	✓			**As above**
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				

	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
			✓	

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**
Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
Staff may only apply handcuffs where there is identified and documented high risks of the individual being a danger to themselves or other, or are a risk of serious absconding that will increase likelihood of risks to self or others.
The application of handcuffs is to be considered an exceptional event even it is a standard part of an individual's escort plan (i.e – a MOJ stipulation that handcuffs must be used to attend court, for example). Handcuffs are not to be used to retrain individuals as a response to managing violence and aggression and are only used within the context of conveyance to one site and another.
How will any impact or planned actions be monitored and reviewed?
Quarterly reports to Positive and Proactive Care Expert Panel (PPCEP) and local programme governance arrangements. PPCEP will escalate to Trust Clinical Governance on a quarterly basis.
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Providing a forum via PPCEP for service users and staff to share their experiences of being recipient of or having to use handcuffs in clinical services.
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Full Equality Analysis Form

Title of Proposal	**RS 27: Use of Handcuffs Policy**

Person Completing this proposal	**XXXX**	**Role or title**	Advanced Nurse Practitioner (AVERTS)
Division/Department	**Corporate/AVERTS**	**Service Area**	Trustwide
Date Started		**Date completed**	
Looking back at the screening tool, in what areas are there concerns that the proposal treats groups differently, unfairly or disproportionately as a result of their personal protected characteristics?			
No concerns.			
Summarise the likely negative impacts		**Summarise the likely positive impact**	
N/A		Service users and staff have assurance that the application of handcuffs is not tolerated as a blanket restriction, not applied unless meeting the requirements of it being lawful, reasonable, to minimise risk to self and others and never used as a means of unjustified restraint in clinical services.	
What previous or planned consultation or research on this proposal has taken place with groups from different sections of the community?			
		Please provide list of groups consulted.	**Summary of consultation / research carried out or planned. If already carried out, what does it tell you about the negative impact?**
Group(s) (Community, service user, stakeholders or carers		**Consultation with See Me representatives via PPCEP, Trust Consultation Process**	**No concerns if applied with context of high risk and no blanket restriction.**

Staff Group(s)	**Trust CGC, PPCEP, local consultations with CNMs, Staff**	**No concerns if applied with context of high risk and no blanket restriction.**

What up-to-date information or data is available about the different groups the proposal may have a negative impact on?

N/A

Are there any gaps in your previous or planned consultations, research or information? If so are there any other experts, groups that could be contacted to get further views or evidence?

Yes		**No**	✓

If yes please list below

N/A

As a result of this Full Equality Analysis and consultation, what changes need to be made to the proposal? (You may wish to put this information into an action plan and attach to the proposal)

None

Will any negative impact now be:

Low:	✓	**Legal:**	✓	**Justifiable:**	✓

Will the changes made ensure that any negative impact is lawful or justifiable?

N/A

Have you established a monitoring system and review process to assess the successful implementation of the proposal? Please explain how this will be done below.

Consistent and timely presentation of quarterly reports at programme CGCs and PPCEPs as outlined above.

Action Planning: How could you minimise or remove any negative impact identified even if this is of low significance?
Service user & staff feedback via PPCEP – issues escalated to local and Trust CGCs
How will any impact or planned actions be monitored and reviewed?
Via PPCEP and local & Trust CGCs
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic?
Via PPCEP annual reports and associated COMMS.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.