



Royal College
of Nursing

Restrictive physical intervention and therapeutic holding for children and young people

Guidance for nursing staff





This Royal College of Nursing guidance sets out children's and young people's rights concerning physical restraint and the restriction of liberty in health care settings within a legal, moral and ethical framework.

The *Restraining, holding still and containing young children* guidance was first published in 1999, and was updated in 2003, following consultation with RCN members. This new 2010 guidance replaces previously published information.

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Introduction

This guidance is not intended to be a comprehensive manual covering all situations and methods; instead it is a set of principles and key references which will help nurses to develop policies, practices and educational programmes in their workplace, in conjunction with other members of the multidisciplinary team. The governing body of health care organisations should approve the implementation of these policies; including ensuring staff receive necessary training in order to practice the necessary techniques competently.

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Restrictive physical intervention and therapeutic holding

Nurses' duty of care

Registered nurses are bound by a 'duty of care' (Nursing and Midwifery Council (2008a)) and are accountable for promoting and protecting the rights and best interests of their patients.

Where the use of restraint, holding still and containing children and young people is concerned, nurses must consider the rights of the child and the legal framework surrounding children's rights, including the Human Rights Act (Human Rights Act 1998) and the European Conventions on the Rights of the Child, Consent and Capacity Assessment (UN Convention on the Rights of the Child (1989)).

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Definitions

Restrictive physical intervention

This term is increasingly replacing the term ‘restraint’ as it encompasses a range of approaches (Hart, Howell, 2004). It is described as direct physical contact between persons where reasonable force is positively applied against resistance to either restrict movement or mobility or to disengage from harmful behaviour displayed by an individual (Welsh Assembly Government, 2005). It should only be used to prevent serious harm.

In a report on restrictive physical interventions in children’s homes Hart (2008) described it as “any method that restricts the movement of an individual by physical means, including mechanical means, holding and physical restraint.”

All UK countries issue guidance on restrictive physical interventions relevant to school, children’s homes and detention centres. The British Institute of Learning Disabilities publishes a code of practice for the use of physical interventions (BILD, 2006).

The physical restraint or barriers which prevent the child leaving, harming themselves, or causing serious damage to property (previously known as ‘containing’) are also included in the term restrictive physical intervention. All restriction of liberty in health care setting is governed by the 1991 Children (Secure Accommodation) Regulations, the Children Act 1989 (Department of Health (1997)), the Children (Northern Ireland) Order (Department of Health (1995)) and the Children (Scotland) Act (Scottish Office (1998)).

De-escalation techniques

These are techniques to reduce the level and intensity of a difficult situation. De-escalation means making a risk assessment of the situation and using both verbal and non-verbal communication skills in combination to reduce problems.

Therapeutic holding

This means immobilisation, which may be by splinting, or by using limited force. It may be a method of helping children, with their permission, to manage a painful procedure quickly or effectively. Therapeutic holding is distinguished from restrictive physical intervention by the degree of force required and the intention.

Alternative terms for therapeutic holding include ‘supportive holding’ (Jeffery, 2008) and ‘clinical holding’ (Lambrenos, McArthur 2003).

Practitioners should be aware that therapeutic holding if applied inappropriately and without the child’s consent or assent can result in the child/young person feeling out of control, anxious and distressed. (Lambrenos, McArthur, 2003).

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The principles of good practice

General principles

Good decision-making about restrictive physical interventions and therapeutic holding requires that in all settings where children and young people receive care and treatment, there is:

- an ethos of caring and respect for the child's rights, where the use of restrictive physical interventions or therapeutic holding without the child/young person's consent are used as a last resort and are not the first line of intervention
- a consideration of the legal implications of using restrictive physical interventions. Where necessary, application should be made through the Family Courts (or equivalent in Scotland and Northern Ireland) for a specific issue order outlining clearly the appropriate restraint techniques to be used
- an openness about who decides what is in the child's best interest – where possible, these decisions should be made with the full agreement and involvement of their parent or guardian
- a clear mechanism for staff to be heard if they disagree with a decision
- a policy in place which is relevant to the client/patient group and the particular setting and which sets out when restrictive physical interventions or therapeutic holding may be necessary and how it may be done
- a sufficient number of staff available who are trained and confident in safe and appropriate techniques and in alternatives to restrictive physical interventions and therapeutic holding of children and young people
- a record of events. This should include why the intervention was necessary, who held the child, where the intervention took place, the method used, the length of time and any techniques needed to reduce the future need for restrictive physical interventions or therapeutic holding (Jeffrey, 2008).

Therapeutic holding

Therapeutic holding for a particular clinical procedure also requires nurses to:

- give careful consideration of whether the procedure is really necessary, and whether urgency in an emergency situation prohibits the exploration of alternatives
- anticipate and prevent the need for holding, by giving the child information, encouragement, distraction and, if necessary, using sedation (Scottish Intercollegiate Guideline Network (2002))
- in all but the very youngest children, obtain the child's consent (Department of Health (2001)) or assent (expressed agreement) and for any situation which is not a real emergency seek the parent/carer's consent, or the consent of an independent advocate
- make an agreement beforehand with parents/guardians and the child about what methods will be used, when they will be used and for how long. This agreement should be clearly documented in the plan of care and any event fully documented
- ensure parental presence and involvement - if they wish to be present and involved. Parents/guardians should not be made to feel guilty if they do not wish to be present during procedures. Nurses should explain parents' roles in supporting their child, and provide support for them during and after the procedure
- make skilled use of minimum pressure and other age-appropriate techniques, such as wrapping and splinting, explaining and preparing the child/parents beforehand as to what will happen
- comfort the child or young person where it hasn't been possible to obtain their consent, and explain clearly to them why immobilisation is necessary.

Note

Effective preparation, the use of local anaesthetic, sedation (Scottish Intercollegiate Guideline Network (2002)) and analgesia, together with distraction techniques, successfully reduces the need for undue force in the use of proactive immobilisation - for example, when holding a child's arm from which

blood is to be taken or when administering an injection, in order to prevent withdrawal and subsequent unnecessary pain to the child. However, therapeutic holding without the child's consent or assent may need to be undertaken against the child's wishes in order to perform an emergency or urgent intervention in a safe and controlled manner - for example, in order to perform a lumbar puncture.

Restrictive physical intervention and therapeutic holding requires:

- policies which relate to the organisation's philosophy on the provision of child-friendly health care. Policies should include when and how restrictive physical interventions and therapeutic holding should be used, who to notify, time limits and the reporting and recording of incidents through critical incident reporting mechanisms
- anticipation and prevention of the need for restrictive physical interventions and therapeutic holding including provision of training sessions to clearly identify individual roles and responsibilities
- that when it is likely to be necessary, there is agreement beforehand with parents and the child about what methods will be used and in what circumstances. This agreement should be clearly documented in the plan of care
- that consideration is made to the legal implications of restraint. Where necessary, application should be made through the family courts (or equivalent in Scotland and Northern Ireland) for a specific issue order outlining clearly the appropriate restraint techniques to be used
- that physical restraint is never used in a way that might be considered indecent, or that could arouse any sexual feelings or expectations
- that debriefing of the child and, where appropriate, of parents and staff, takes place as soon after the incident as possible
- effective audit of the circumstances and use of restrictive physical interventions and therapeutic holding.

Note

The restraint of children within health care settings may be required to prevent significant and greater harm to the child themselves, practitioners or others. For example in situations where the use of de-escalation techniques have been unsuccessful for children/young people under the influence of drugs or alcohol and who are violent and aggressive. If restrictive physical interventions are required the degree of force should be confined to that necessary to hold the child or young person whilst minimising injury to all involved.

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Training

Many nurses do not receive specific training in techniques of restrictive physical intervention and therapeutic holding and as a result lack confidence in using these techniques. Greater emphasis needs to be placed on enabling nurses to acquire knowledge and skills through the provision of locally based training programmes. It is recommended that organisations undertake an organisation-wide risk assessment to assess particular risks in each clinical area and thus identify staff training needs.

Training provision should be differentiated between restrictive physical interventions and therapeutic holding for clinical procedures, and targeted at relevant groups of nurses. For example, nurses working in areas such as emergency care departments, walk-in centres and GP practices should receive training in using restrictive physical interventions as well as therapeutic holding for clinical procedures; nurses working with children and young people in all other clinical areas should receive, as a minimum, training in therapeutic holding for clinical procedures and de-escalation techniques.

Highlighting the need for training

Practitioners who want to highlight the need for policies and training provision in their organisation may find it helpful to forward a copy of this guidance to risk managers and named executive directors (or equivalent) for their place of employment. If employers do not provide proper training, practitioners may feel compromised in situations where they have found it necessary to use restrictive physical interventions.

RCN members can seek specific advice about these issues by contacting RCN Direct on 0345 772 6100 or their local RCN office (contact numbers can be found in the RCN members' handbook).

The publication *Raising concerns, raising standards* (RCN, 2009) will also be of help. Publication code: 003 532

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