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**Chemical Restraint (Sedation) Policy**

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| Policy Lead: | [Policy Lead] |
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# Introduction

Chemical restraint is referred to as the administration of certain medications to control or subdue agitated clients from behaviour that is harmful to themselves or others, including staff members attending to them, specifically where the medication has not been prescribed for the treatment of a formally identified physical or mental illness, when it is not being used for direct therapeutic reasons.

Section 6(4) of the Mental Capacity Act 2005 states that restraint is when someone uses force (or threatens to) to make someone do something they are resisting, and when someone’s freedom of movement is restricted, whether or not they are resisting.

# Policy Statement

[Company Name] is committed to delivering the highest standards of health, safety and welfare to its clients and staff.

It also understands the challenges of managing challenging behaviour while ensuring the balance is maintained between the rights of the client and the risk of harm to themselves and those around them.

Use of restraint should be reasonable, proportionate to the situation and used only when necessary for the shortest possible period of time.

[Company Name] will ensure it takes into account the self-respect, dignity, privacy, race, religious and any additional needs of its clients at all times, and as far as is reasonably practicable.

An assessment of the client must be carried out by a qualified professional, competent and appropriately trained, prior to restraint by medication to determine the justification of its use. The assessment must be documented in the client’s medical record and contain the rational for use and what alternative, less restrictive interventions were attempted.

# Scope

Chemical restraint carries risk to the client, as well as [Company Name]’s staff members and should only be administered by competent staff trained to do so. Chemical restraint should only be applied when:

* alternative, less restrictive interventions have been attempted and deemed to be ineffective to protect the client or others from immediate harm
* a client poses an imminent threat to those in their immediate vicinity
* their behaviour prevents them from receiving urgent medical attention.

# Roles and Responsibilities

The Registered Manager has overall responsibility for the implementation of this policy and is responsible for ensuring that the policy complies with the latest standards for best practice, including the National Institute for Health and Care Excellence (NICE). All staffemployed at [Company Name] should be trained in line with their profession and appropriate level of competency on best practice in the administration and disposal of medicines while employed at [Company Name]. It is expected that the aforementioned staff will take full responsibility for remaining up to date with best practice, attend appropriate training and maintain their own CPD records.

All staff will ensure they have read and adhere to this policy as and when required.

# Procedures

Chemical restraint should only be considered when all other practical means of controlling or managing the situation have failed. These measures can include:

* de-escalation
* verbal persuasion
* gaining consent to take medication
* removal to an alternative setting (quieter, less stimulating)
* physical restraint.

The main aim of chemical restraint is to achieve a state of calm in the client that is sufficient enough to minimise the risk posed to them or others.

All staff members identifying the potential for chemical restraint will:

* attempt to de-escalate, if appropriately trained and competent to do so
* seek immediate support where de-escalation has been unsuccessful, or if this is outside of their scope of practice
* take reasonable steps to ensure client, visitor, staff safety
* move other clients away from the vicinity, where it is safe and possible to do so
* report the incident to the Registered Manager.

If repeated incidents of agitated, challenging behaviours occur it is essential the client is reassessed to avoid the acute use of chemical restraint inappropriately.

# Risk Factors

Staff should use chemical restraint with caution for the following reasons:

* possible loss of consciousness instead of sedation
* sedation with loss of alertness
* compromised airway
* possibility of cardiac and/or respiratory arrest
* the potential for interactions with other prescription medication and/or illicit substances
* underlying physical disorders
* possible impact to patient/client/service user and staff/employee/team member relationship.

Following chemical sedation, staff should, where necessary, position the client in the recovery position if safe to do so and begin regular monitoring.

# Client Monitoring

Sedatedclients will require regular ongoing monitoring of vital signs. Monitoring physiological parameters should, as a minimum, be in line with the Royal College of Physicians National Early Warning Score (NEWS). Staff should monitor and record the client’s:

* heart rate
* blood pressure
* hydration
* SPO2
* level of consciousness using the Glasgow Coma Scale.
* response to the restraint
* emotional state.

Resuscitation facilities should be immediately available in all settings/on all vehicles at [Company Name] where chemical restraint is used. Equipment should include:

* Automatic External Defibrillator (AED)
* bag valve mask
* oxygen
* suction equipment.

All equipment should be regularly checked and maintained with accurate records kept.

# Legal Framework

All staff at [Company Name] should be aware of the legal and ethical framework surrounding chemical restraint and Rapid Tranquillisation (RT). These interventions should be guided by the Mental Health Act code of practice.

Clients detained under the treatment sections of the Mental Health Act are subject to *Consent to Treatment* (which is found in Part IV of the Act).

If a client has been detained for more than 3 months, their consent or authorisation for treatment from a Second Opinion Appointed Doctor (SOAD) is required before treatment can be given, unless the patient meets the criteria for treatment under Section 62 – urgent treatment.

All information relevant to the Mental Health Act should be recorded in the client records.

[Company Name] will ensure that clients being transported/being cared for under the Mental Health Act are done so in a manner that preserves their dignity and privacy whilst also managing any risk to their health and safety or any risk to other people.

**[Delete where appropriate]** This applies in all cases where clients are compulsorily transported under the Act, including:

* taking clients to hospital to be detained for assessment or treatment
* transferring clients between hospitals
* returning clients to hospital where they are absent without leave
* taking community clients or those conditionally discharged to hospital on recall
* taking and returning clients who are subject to guardianship to the place in which their guardian requires them to live
* taking clients to and between places of safety
* taking clients to and from court.

# Training

All staff must undergo the necessary training relating to chemical restraint as set out by [Company Name]. The training requirement will vary depending on the staff member’s role and professional registration.

It is the responsibility of the Registered Manager to ensure that the appropriate staff are trained in chemical restraint where necessary and relevant to their role.

Training will be updated every [X months] and will cover the properties and dosing of the following medications:

* Benzodiazepines
* Flumazenil (the benzodiazepine antagonist)
* Antipsychotics
* Antimuscarinics
* Antihistamines.

It will also cover how these medications are used in the chemical restraint policy process, as well as risks and side-effects in relation to acute administration of these medications.

Chemical restraint training will include Cardio-Pulmonary Resuscitation (CPR), airway techniques and the use of defibrillators and pulse oximeters.

# Prescribing and Administration of Tranquilising or Sedative Agents

**[Delete where appropriate]**

When deciding which medication to use for chemical restraint or rapid tranquilisation (RT), staff should take into account the following:

* any contraindications, warning or precautions required
* the patient’s/service user’s/client’s preferences or decisions
* any pre-existing physical health problems or pregnancy
* any possible intoxication (alcohol or psychoactive medications)
* any previous reactions to these medications, including adverse effects
* the potential for interactions with other medications
* the total daily dose of medications prescribed and administered.

Accurate records of the administration of any medication(s) by healthcare professionals working at[Company Name] will be kept.

To ensure the most effective administration of any medication, practitioners will have access to senior clinical advice or pharmacist support.

All professionals at [Company Name] involved in the administration of medicines must have access to the Medicines Management Policy.

Staff at [Company Name] can only administer medicines to clients if they have been purchased by [Company Name] or they have been prescribed and dispensed for an individual patient under the care of [Company Name]. Medicines will be administered by an appropriately qualified staff member within their individual scope of practice. Medicines must be administered only from their labelled containers. Before any medications are administered, staff must check the following:

* that they have the correct medication in its correct form
* that they have the right client
* that they know and are trained in the route of administration
* that the medication has not expired
* that the label is legible and not damaged
* that the dose is known, as well as any previous doses administered
* that the medicine is in good condition (i.e., not damaged, discoloured, cracked or water damaged)
* that the medicine is indicated for the condition for which it is being considered
* that the client has no known allergies.
* There are no contraindications to the administration of the medication.

Wherever possible, a second check of the medicine is to be done to minimise the chance of error.

Common medication used for chemical restraint include:

* Lorazepam
* Olanzapine
* Haloperidol
* Promethazine.

Specific dosing and routes of administration should be referred to [Company Name]’s Chief Medical Officer/Lead Prescriber for all conditions/situations. These should be clearly documented and distributed accordingly.

When considering chemical restraint, staff at [Company Name] should aim to:

* Reduce client suffering as much as possible, both from a psychological and physical perspective whether it be through self-harm or by accident.
* Maintain a safe environment to reduce any additional risk to others.
* Do no harm.

Accurate records of the administration of any medication(s) by staff working at[Company Name] will be kept.

To ensure the most effective administration of any medication, practitioners will have access to senior clinical advice or pharmacist support.

All staff at [Company Name] involved in the administration of medicines must have access to the Medicines Management Policy.

**Administration errors**

Errors in medicine administration can include, but are not limited to:

* incorrect client
* incorrect medicine
* incorrect dose
* incorrect route
* failure to record administration.

If any error(s) in the administration of a medicine do occur, immediate medical advice must be obtained and any advice documented and followed. The Registered Manager must be informed as soon as possible. A record of the error must be made in the client’s clinical notes and reported as per the Incident Management Policy. Any ‘near misses’ should also be recorded and reported in the same way, although near misses do not need to be recorded in the client’s clinical notes.

**Adverse medication reactions**

An adverse medication reaction is an unintended or harmful reaction to the administration of a medication or combination of medications when the medication is used under its normal conditions of use, and where the reaction is suspected to be related to the medication. All adverse medication reactions must be recorded in accordance with [Company Name]’s Incident Management Policy.

Adverse medication reactions should also be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) by completing a Yellow Card (via the app, online or paper copy).

If there is uncertainty as to the seriousness of the adverse reaction, it is best to report it regardless.

**Recording**

The following information must be recorded when a medication is administered to a client:

* date and time
* client name
* dose
* reason for administration
* name and signature of person administering the medication
* stock balance
* expiry date
* batch number.

Details of the administration of any Controlled Medications will be recorded in the Controlled Medication’s record book by the person who administers the medication(s). Wherever possible, the administration of these Controlled Medications should be witnessed. This is not always possible, especially in the case of sole responders where it may be difficult to have the administration of Controlled Medications witnessed. Sole responders should therefore make every attempt to obtain a witness. Where there is no witness available, the Clinician should record “no witness” available in the witness column of the Controlled Medication’s record book.

# Rapid Tranquillisation

Rapid tranquillisation (RT) refers to the administration of medicine to urgently sedate someone; usually via the intramuscular or intravenous route, when oral medication is not an option or not appropriate. It can also be used to avoid prolonged physical intervention.

Prior to any intervention with rapid tranquillisation, staff should:

* perform an onsite urgent risk assessment
* assess mental health presentation
* assess behavioural presentation
* assess or identify other incidents (especially if escalating)
* apply de-escalation techniques
* observe.

Rapid tranquillisation should not compromise client comprehension and/or their ability to respond to spoken messages or follow instructions.

RT should only be considered when other methods of de-escalation and other strategies have failed to calm the client.

When considering RT for a client, the risks and benefits should be considered of whether to administer medications via the intramuscular versus the intravenous route (e.g., the time it might take to site a cannula versus onset of action).

Rapid tranquilisation must only be administered by staff appropriately trained and competent to do so, within the scope of their own practice and role.

# Liability

[Company Name] will accept responsibility for any negligence of its qualified personnel, provided approved medications are administered in line with their qualifications, training and professional bodies.

**[Delete as appropriate]** All doctors working for, or with, [Company Name] will be registered with the General Medical Council (GMC) and carry their own indemnity insurance. They will also be accountable for their own prescribing and dispensing of medicines when working for [Company Name].

[Company Name] will not be liable for any staff if/when they are working for organisations, whether private or voluntary, other than [Company Name].

# Monitoring

The Registered Manager will monitor compliance with this policy through routine auditing. Any client or staff complaints or feedback, as well as incident reporting, will also be used to inform the effectiveness of this policy.

# Related Policies and Procedures

* Duty of Candour Policy
* Incident Management Policy
* Medicines Management Policy
* Mental Capacity and DoLS Policy
* Resuscitation Policy
* Transporting Patients under the Mental health Act 1983 Policy

# Legislation and Guidance

**Relevant Legislation**

* Department of Health: Mental Health Act 1983: Code of Practice (2015)
* Health & Care Professions Council
* Human Rights Act 1998
* Mental Capacity Act (2005)
* Medicines Act 1968

**Guidance**

* Medicines & Healthcare products Regulatory Agency: Rules for the sale, supply and administration of medicines for specific healthcare professionals
* National Institute for Health and Care Excellence (NICE) – Violence and aggression: short-term management in mental health, health and community setting
* NHS Specialist Pharmacy Service
* [Positive and Proactive Care: reducing the need for restrictive interventions Summary of key actions (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300291/JRA_DoH_Guidance_on_RH_Summary_web_accessible.pdf)
* [Quality statement 3: Physical health during and after manual restraint | Violent and aggressive behaviours in people with mental health problems | Quality standards | NICE](https://www.nice.org.uk/guidance/qs154/chapter/quality-statement-3-physical-health-during-and-after-manual-restraint)
* [Regulation 13: Safeguarding service users from abuse and improper treatment | Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper)

# Summary of Review

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