

Managing Stress and Distress – Temporary Workers (Actual or Potential Events)

Version Control Sheet

VERSION	DATE OF IMPLEMENTATION/REVIEW	IMPLEMENTED AND AUDITED BY	STATUS	COMMENTS
1	24.11.2022	William King Registered Manager	Active	Policy for Temporary Clinical Workers

Definitions

Mental Health (Care and Treatment) (Scotland) Act 2003. This act refers to “the Patient”, this means the person who appears to have a mental disorder be it mental health, personality disorder or learning disability regardless of how this is caused or manifests itself is covered by the Act.

The definition of mental disorder has been drawn widely to ensure the services provided for within the act are available to anyone who may need them.

Opening Statement

Clinical24 recognise it has a duty to care for all the individuals their staff care for. Clinical24 also has a responsibility to reduce risk to the individuals within our care. Clinical24 acknowledge that their employee’s, persons in their care, and other parties can be exposed to the risks of Stress and Distress behaviours. We acknowledge that some employees face the risk of having to use restrictive interventions including physical restraint to manage stress and distress behaviours to be able to deliver care and treatment.

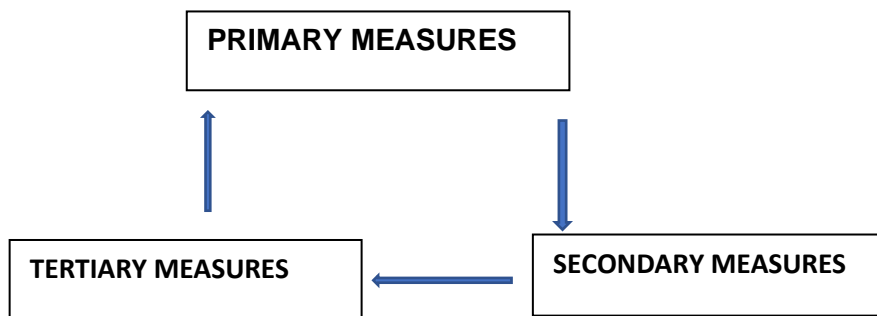
Clinical24 acknowledge people can be at risk of physical, mental and emotional harm as a result of being exposed to stress and distress incidents and the use of restrictive interventions including physical restraint. In the event of a staff member encountering any health issues related to intervening in any restrictive interventions, debriefing will be offered to them with the management team.

Clinical24 staff should aim to manage and reduce these risks to their lowest practical level.

Clinical24 adopt a human rights approach to reducing the risks of stress and distress behaviours, the incidence, prevalence, and risk of restrictive interventions including physical restraint. This approach is supported by the standards and guidance of W.H.O, (World Health Organisation), the Scottish Public Health Network, The SSSC, and the Mental Welfare Commission Scotland.

The Risk Reduction Model

This model sets out to reduce the risks of Stress and Distress behaviours and restrictive interventions including physical restraint by using the W.H.O public Health Model of risk reduction. The model works as follows



Primary Measures: These are preventative strategies that are designed to remove the risk before it emerges. This could be policies, risk assessments, and person-centred care plans.

Secondary Measures: These are interpersonal skills that the employee can use to deescalate incidents and promote positive outcomes /relationships.

Tertiary measures: These are emergency support measures that staff may need to use to manage or contain an incident. Restrictive interventions including physical restraint are examples of tertiary measures.

Definitions of Restrictive Interventions & Physical Restraint

Psychological or Interpersonal Control: This can include verbal prompts, persuasion, or commands that are used to contain, manage or modify the individual's behaviour. This type of restrictive behaviour is seen as the most desirable.

Mechanical: This is the most commonly used within healthcare, it involves the use of bedrails, or lap belts to help staff keep patients, who are a high risk of falls, as safe as possible. These types of restrictive interventions are designed to help manage the falls risk and therefore, should NEVER be considered to manage the risk of stress and distress behaviours.

Pharmacological/Chemical: This involves the use of medication purely for short term symptomatic relief of acute distressed behaviours. They should only be used when safe, effective appropriate & lawful to do so, and should never be seen as a standalone treatment.

Technological Surveillance: For example, the use of CCTV or alarmed doors to monitor people's location. This type of intervention may be used in public places and is done to ensure the safety and wellbeing of certain groups.

The term "Physical restraint" has been traditionally used within healthcare. Other terms such as restrictive physical interventions, and safer holding techniques are also terms used.

Clinical24 staff must have an awareness and understanding how they can impact the stress and distress behavioural risk of patients; they should be aware of strategies to minimise their effect.

All clinical24 staff should always present themselves in a professional manner, which displays consideration, understanding, empathy and compassion, towards patients, carers, visitors, and colleagues.

Reducing the Need for and the Risk of Restrictive Interventions and Physical Restraint

The core values which include understanding, patience, empathy, dignity, and compassion, as well as the use of the afore mentioned RISK REDUCTION MODEL will reduce the use and risks of restrictive interventions including physical restraint.

Certain individuals cared for by Clinical24 staff will have a clear or foreseeable risk of having to use restrictive interventions including physical restraint. Physical restraint is always a tertiary measure and should be used in the least restrictive manner. Physical restraint should only be used when other primary and secondary de-escalation measures have failed or are likely to fail or exacerbate the stress and distress behaviour. They must be used to prevent a greater level of harm occurring in the event of an unseen emergency, where no other option, or other restrictive intervention is possible. **THEY MUST ALWAYS BE CARRIED OUT WITHIN ACCORDANCE WITH THE LAW.**

Restrictive interventions, including physical restraint may constitute a deprivation of the rights of liberty, as legislated by the Human Rights Act 1998, therefore the following factors must be taken into consideration:

- 1) What actions, measures, and practices are in place to ensure the individuals' rights by law are protected.
- 2) What other primary or secondary measures could be taken to avoid the use of any restrictive intervention.
- 3) Does the harm that the restrictive intervention seeks to prevent, outweigh the harm it may cause.
- 4) Is the restrictive intervention absolutely necessary?
- 5) Does the restrictive intervention constitute a deprivation of liberty? If so, is it lawfully justified?
- 6) Is the proposed restrictive intervention the least restrictive option?
- 7) Could you legally and professionally justify your actions with a court of law?

Clinical24 does recognise and acknowledge that staff working with some individuals, who present with more complex needs may be required to use physical restraint to provide care and treatment or manage incidents of stress and distress.

If it has been assessed that there is a foreseeable need for the use of physical restraint, the individual should have an assessment within their care plan. Details of known primary and secondary interventions should be clearly documented in full, and it should discuss how these interventions aim to minimise the need for physical restraint.

It is essential that all clinical24 staff working with patient who may need physical restraints are fully aware and compliant with the following:

- 1) The rights of the individual, and the responsibility to protect them as far as practicable.
- 2) Alternative strategies and management approaches to physical restraint.
- 3) The need for all staff to be appropriately trained in physical restraint.
- 4) Staff must be able to provide clear leadership and communication to others to manage incidents that involve physical restraint.

- 5) Staff must be aware of the specific physical, emotional, and psychological risks associated with physical restraint, and be able to manage and monitor them appropriately.
- 6) Ensure that the physical restraint does not interfere with the individual's airway, breathing or circulation. This includes being able to check the individual's airway and breathing are never compromised, both during and after the intervention.
- 7) Being able to monitor the individual's vital signs during and after the intervention.
- 8) Ensure that the restraint does not interfere with the individual's ability to communicate.
- 9) That the individuals head and neck are protected during and after the intervention if needed.
- 10) Being able to access any emergency equipment, both during and after the intervention.
- 11) Be able to access staff trained to respond to medical emergencies/ or have access to the emergency services, both during and after the intervention. If needed.
- 12) Being able to evidence and document that any use of physical restraint no matter for how short a period of time was necessary, reasonable, and proportionate and the least restrictive option available.
- 13) Staff should always work towards returning control and autonomy back to the individual and consider alternatives to manage the situation and reducing risks as soon as possible.
- 14) The need to report the incident fully including time physical restraint began , staff present, times of position changes during restraint if required for prolonged period, time intervention completed, any injuries sustained to patient or staff, no matter how minor. A plan for managing the individual's stress and distress behaviours with a view to preventing further episodes of restraint.
- 15) The requirement for post incident support and debriefing for the individual, staff and anyone who witnessed the intervention.

Training and Education

Clinical24 has a duty to provide training to its staff regarding Stress and Distress risk and restrictive interventions including physical restraint.

Clinical24 recognise 2 types of restrictive intervention training, M.A.P.A, (management of actual or potential aggression) and P.M.V.A, (prevention and management of violence and aggression). The training utilised will be focused on the service providers request, and the level of distressed behaviour being presented.

Clinical24 ensures that the staff utilising either M.A.P.A or P.M.V.A operate within then following parts of their course delivery.

- 1) The law in relation to workplace Stress and Distress, human rights, and the use of force for self-defence and Physical restraint.
- 2) Risk assessment and reduction strategies are in place.
- 3) Identification of triggers and escalating factors are noted within a care plan/ risk assessment.
- 4) The impact of communication and diversity issues, medical and psychiatric conditions and psychological trauma.
- 5) The importance of developing respectful therapeutic relationships.
- 6) Alternatives to the use of restrictive interventions / physical restraint, e.g. positive nonphysical intervention.
- 7) Be aware of ethical, moral, and human rights issues associated with physical restraint.
- 8) Employee rights and responsibilities regarding the use of force for self-defence and physical restraint.
- 9) The need for post incident support, debriefing.
- 10) The need for accurate and full post incident reporting, recording, and learning through reflection.

The Use of Force

Whilst Clinical24 advocate the development and implementation of robust primary and secondary interventions to promote risk reduction, it acknowledges that employees may have to use a variety of tertiary measures to manage incidents, and maintain safety of the patient, others and themselves.

Common law in Scotland states that any and all individuals may be justified in using force for the purpose of self-defence/protection, defence/protection of another, defence of property or prevention of crime. However, in order for the level of force used to be considered lawful the individual(s) MUST be able to demonstrate that their actions were; NECESSARY, REASONABLE, AND PROPORTIONATE to the situation.

Certain laws within Scotland give certain powers to specific healthcare staff, these are:

Adults with Incapacity (Scotland) Act 2000

The Mental Health (Care & Treatment) (Scotland) Act 2003

The Children's Act (Scotland) 2005

These give them the authority to ensure essential care and treatment, potentially without the individual's consent. Clinical24 accepts that where primary and secondary de-escalation measures have failed, (or are likely to fail), to prevent a higher level of harm from occurring, or in the event of unseen emergencies, these employees may have to use physical restraint in order to carry out their duty of care. However the law still imposes the requirement that Clinical24 staff are able to demonstrate that the use of force involved was NECESSARY, REASONABLE, AND PROPORTIONATE.

Clinical24 staff receiving MAPA & PMVA training provide de-escalation, self -protection, and disengagement techniques in line with the law.

Clinical24 state all staff who works within mental health, learning disabilities, and complexed care settings should have complete appropriate training in physical restraint techniques to ensure safety of the patient, their colleagues and themselves. As stated above any restraint applied should be NECESSARY, REASONABLE, AND PROPORTIONATE.

Clinical24 support their staff who have had to use force to defend themselves and others, as long as this has been in keeping with the above 3 specifications, and to provide protection from imminent harm.

Specific Risks

Incidents of threat with weapons

Clinical24 does not expect any of their staff to attempt to disarm any individual(s) who may be making a threat with a weapon. Staff should do what is practicable to keep the situation / environment calm, contained and as safe as possible. Evacuation to an area of safety should be prioritised. Were required staff must call the police or 999 raising the alarm.

It is a criminal offence to carry an offensive weapon, (including any article made or adapted to use as a weapon). If staff are aware of an individual carrying a weapon, they should inform an appropriate Clinical24 manager and contact the police for support and assistance.

Incidents of ongoing, unwanted attention, & stalking behaviours

Stalking is a pattern of coercive behaviours that serves to exercise control and power on another person. These behaviours are cumulative and may vary in frequency, intensity and duration. Any suspicion of such behaviours should be highlighted to an appropriate Clinical24 manager for investigation.

Incidents of staff-on-staff aggression & violence

Incidents involving violence and aggression between staff fall under the remit of this policy, also the disciplinary policy. Where an employee has been the subject of violence and aggression from another employee, they always have the right to call police Scotland if they choose to do so, this right is supported by Clinical24.

Incidents involving violence and aggression towards adults and children at risk

In any incident that violence and aggression are used towards a vulnerable adult or child, the relevant safeguarding procedures should be followed, as soon as possible. Clinical24 staff must make their Registered Manager and/or Head of Nursing for ICG Medical Ltd aware of these incidents.

Use of prone , face down restraint.

This type of restraint is the most restrictive type of restraint used within mental health facilities. Where it has been assessed there is a need for this type of restraint, all staff should have received training in how to use it safely and appropriately. As previously mentioned, staff should always be monitoring airway and breathing of the patient. In prone position restraint staff should always be aware of the risk of positional asphyxia, and the patients physical and emotional wellbeing. The patient should have unobstructed and free breathing at all times.

The staff member leading the restraint must ensure that communication is kept clear and appropriate. They should ensure that the individual's position is assessed and changed to a less restrictive position as soon as possible. The decision to do this must be done with the safety of the individual and all staff members being considered. All documented primary and secondary interventions should be used and other tertiary interventions used prior to using prone positioning.

Police Involvement

Clinical24 acknowledge that there may be some incidents that staff feel the assistance FROM Police Scotland may be required. Staff should feel supported and empowered to request police presence to maintain an individual and staff safety.

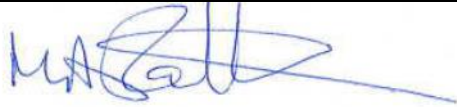
Clinical24 provide support to staff who are proceeding with legal action against a person who has been threatening, abusive or assaultive towards them.

Reporting, Recording, and Monitoring of Incidents

Clinical24 encourages staff to document and report all stress and distressed behaviours aimed at them, including (verbal abuse and near misses). This is to ensure that the overall risk is being appropriately monitored and reviewed. It also ensures that a culture of investigation, learning, and teamwork are promoted within Clinical24.

Clinical24 states whenever a physical restraint takes place this should be recorded and reported through company channels.

Next Review

Reviewed by:	Miriam Palk presented to UK Clinical & Corporate Governance and Risk Management Committee for renewed approval
Title:	Head of Nursing
Signed:	
Last Review Date:	24.11.2022
Actions:	QR Code, link to Temporary Worker Handbook and published on C24 Scotland website

Date Approved by UK Clinical & Corporate Governance and Risk Management Committee:

Next Review Date: November 2023