



# Use of force

Easy Read information for you and the people who support you.

## ► What does 'use of force' mean?



Use of force is when trained staff use certain methods or actions to **prevent or restrict** you from doing certain things.



This might be **physical restraint**. It might be **restraint using medicines** such as an injection. It might also be the use of **seclusion**, which means taking you to a safe space on your own.



This leaflet is about why and when we might use force on our ward. It is only ever used as a **last resort** to protect you or people around you from major harm.



This leaflet will tell you what we do to **support you** after use of force was needed. There is also information on what to do if you think use of force was not done in the right way.

## ► When and why would use of force be needed?



Coming into hospital can be a difficult and distressing time. People tell us it can be scary and cause all sorts of **emotions and reactions**.



Our wards should be a **safe and calming** space to support your recovery.



Our teams are trained in helping you with your mental and physical health. We will always support your **human rights** and **legal protections**.



We want your stay with us to be helpful and safe. Part of this is being **open and honest** with you about how you will be treated in certain situations.



If there is a worry that you might hurt yourself or others, use of force may be needed.

**But only as a last resort.**

► **We want to work together and treat each other with respect.**



A team member will talk you through the different ways force may be used. This is so you **understand what is going on** if it ever needs to be used.



Our staff want to help you in the ways **you want to be helped**. If you can, please tell us how you would want to be cared for if the use of force is needed.



Tell us about what is **stressful** for you, and how you may react.



Tell us what helps you the most when you are **upset**.



With **your permission** we can ask the same questions to the people that support you.



If you cannot give permission the team will **find out who they could speak to**. This could be a family member, carer, or someone who knows you very well.



We want everyone to feel **calm and safe** on the ward. This includes people staying here, staff and any visitors to our ward.



We can all contribute to a positive and safe ward by treating others around us with **kindness and respect**.



Just like outside the wards, people behaving **aggressively** towards each other is **not tolerated**.



If this does happen, we may need to think about involving others like the police. But we want to avoid that and **work together** so that everyone **feels safe**.

## ► Types of use of force

### Physical restraint



Physical restraint is any time that a staff member **puts their hands on you to take control** of your movement.



Staff will always **work with you** to avoid this happening, but sometimes it might be necessary to keep you or those around you **safe from harm**.

There are **three** different kinds of physical restraint we use.



### Standing

Two people, one either side of you, will **hold your arms**.



### Seated

Two people will support you to **sit in a safe place**. This will be one person either side of you, also sitting.



### Supine - laid down on your back

Usually three people will hold you on the ground. **You will be facing up**.



While this is happening staff **will be talking to you and supporting you** through this difficult time.



## Seclusion



Seclusion is where you will be taken away from the ward to a **safe space by yourself**.



This is a **separate room**, away from the main part of the ward.



It is used for people who are experiencing **extreme emotions**. This is used when those emotions mean they are **a risk of hurting others**.



The seclusion room doesn't have many things in it. There will be **a bed, a pillow, and a blanket**.





A staff member will talk to you **about your safety** before other things that you need or want may be brought into the room.



If you are in seclusion, you will be **by yourself** in the room with the door locked. A member of staff will always be **outside the room to support you**.



Seclusion will always be used for the **shortest amount of time**. It should only ever be used when other things to support you have been tried.

## Restraint using medicines



Sometimes we may consider something called **rapid tranquilisation**. This is when we give you medication that is used to help support your emotions.



This medication can be offered to support you when you are struggling with **difficult emotions**.



If you can take them, we will offer you medicine in **tablet** form.



If you are unable to accept this in tablet form, an **injection** of the same medication may be offered.



Sometimes medication is given when you do not want it. **Physical restraint** might also be used when doing this.



This option will only be used as a **last resort** when there are no other options available.

## Mechanical restraint



Mechanical restraint involves the use of an extra device. Examples might be **soft cuffs** or **lap straps** in chairs.



Mechanical restraint is used to **prevent or restrict** your movements or body.



We **do not** use mechanical restraint as part of our everyday work in this ward.



But there may be occasions when it is necessary to **move a person** using a piece of equipment. This could be a wheelchair or slide sheet when you don't want it to be used.



Sometimes we have to do this **without** that person's **consent or agreement**.



If this happens we will look at **why** it happened and find other ways of **helping** in these situations in the future.



For example, It may be that you have experienced mechanical restraint when **coming into hospital** by transport or by the police.



If this happens, we will **talk to you** about this.



We want to make sure you are not hurt in anyway and we **want to support you**.

## Safety pod



This is a large **specialist bean bag** that can be used when you are in distress that risks harming you or people around you.



The pod allows staff to support you without the need to be on the floor. It helps you to be in a position that is **safer and more comfortable**.



We welcome people using the pod **on their own** to help them feel calm when they are very sad or angry. This can be written into your **care plan**.

## Other restrictions



Sometimes we **set rules** for everyone on the ward.



These can include certain **doors being locked, removing** specific items, or **limiting** access to specific items.



They are recorded in a register on the ward and are **regularly reviewed**.



They can also be specific to you only and will always be **based on safety**. This might include personal items like your **phone**.



These will be in your care plan with **reasons listed**.

## After use of force has been used



If you are involved in any use of force, or you see this happen to someone else, a **member of staff will speak to you**.



This allows everyone to make sure use of force is **less likely** to occur in the future.



If this doesn't happen, you can ask **someone who you trust** to talk about what happened.



If you feel you need some extra support following an incident, you can ask for this from **any staff member** on your ward.

## What to do if something isn't done right



Our aim is that any use of force is only done to keep you safe and well. They will be **regularly reviewed** to make sure everyone is happy.



If at any point you think any decisions are wrong, then you have the right to talk about it.



If you think force has been used unfairly you can speak to:



A **member of staff**.

An **advocate**. Staff can provide you with contact information if you don't know this.



One of the staff members whose job it is to listen to patient complaints in our trust. The ward staff can put you in touch with them.

## Top tips to support wellness and recovery

### Relaxation rooms and sensory support



Your ward will have either a chillout or relaxation room with **calm boxes** and **self soothe items**.



If you already have things that help you to keep calm and well, let us know and we will support you to **continue with these**.



If you are not sure what helps you in difficult times, we can work with you to develop a plan that **helps you**.



Developing relaxation methods, such as **breathing exercises**, might be something for you to think about. The staff team can help you with this.

## Wellness Recovery Action Plan (WRAP) development



Many people develop wellness action plans to record their **own understanding of their illness** and what helps them to **get well or stay well**.



If you don't have a plan you can ask a staff member to support you to develop your own. This can then be **added to your care plan**.

## Being part of your team



The team working to support you are called the **Multi-Disciplinary Team**. They include everyone from **doctors, nursing staff** and **yourself**.



Sharing **who you are** and **what you need** is very important. It will help us to **understand you** and make it less likely that you feel alone or frustrated.



Staff should always speak to you in a **calm and professional manner**.



We have a **person-centred** approach on the ward. This will include:



Identified named **nurse**.



You and the staff that support you creating a **care and treatment plan together**.



**Regular access to the doctor** supporting your care. They will also involve family, carers and others that support you when you want us to.



Talking to you about how to **avoid using force** in your care.



We understand how **difficult** things are for you right now and we will do our best **to support you**.



We understand that **everyone is an individual**, and our different experiences have created who we are today.

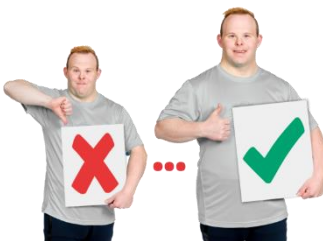


We know that **not all experiences are good**. We will remember that as we support you.

## Summary



Any use of force is a **last resort**. We will do anything we can to **avoid** it. We are **here to support you**.



In the event force is used, we will do everything we can to try and **make sure it doesn't happen again**.

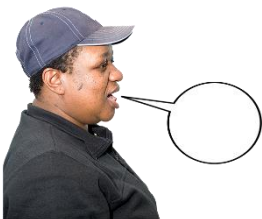


Use of force should **always be fair** and only used to protect you or others from harm. **It will never be used as a punishment.**

## ▶ Sharing comments, suggestions, compliments, and complaints



We encourage everyone to **share feedback** about their experience with us, good or bad.



If you would like to make a **comment, suggestion, compliment, or complaint** you can:



**Talk to the staff** directly involved in your care or ask to speak to the **Ward Manager**.



Speak to the **Complaints Department**. The ways you can do this are:

Calling [0114 271 8956](tel:01142718956)

Emailing [complaints@shsc.nhs.uk](mailto:complaints@shsc.nhs.uk)



Write to: Complaints Department, Fulwood House, Old Fulwood Road, Sheffield, S10 3TH



You can also visit the **Care Quality Commission website** and share feedback with them at : [cqc.org.uk](https://www.cqc.org.uk)

## Engagement and Experience Liaison Service



We have a dedicated team of Engagement and Experience Liaison Officers. These are people whose job it is to listen to you.



They provide confidential advice and support, which means what you tell them is private.



They can help you to sort out any worries that you have about your care.





If you would like to speak to them, ask a member of staff to put you in touch.

## Who made this leaflet?



This leaflet was developed and published by the Sheffield Health and Social Care Trusts Use of Force Leaflet Task and Finish Group. This is a subgroup of the Reducing Restrictive Practice group.



The group included people with lived experience of the use of force.



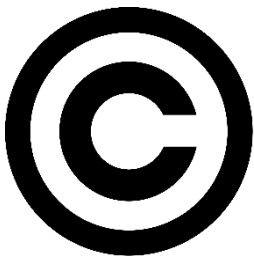
This leaflet was made into easy read by Sheffield voices. They are a local self-advocacy group for people with learning disabilities and autistic people.



If you have any questions about the information in this leaflet please call 0114 2716310 and ask to speak to the Patient Engagement and Experience Team. You can also ask to speak to the Nurse Consultant for Restrictive Practice.



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