Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
HANDCUFFS AND SOFT CUFFS

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*2013*	*New Protocol - forensics*
1.1	*2/10/13*	*Review - No change – for in depth review January 2014 consequent to agreed approach to mechanical restraint*
1.2	*13/1/15*	*Minor amendments Incorporate soft cuffs*
1.3	*1/6/15*	*Minor amendments to incorporate NICE guidance NG10*
1.4	*8/6/16*	*Minor amendments to incorporate Positive and Proactive Care (Doha, 2014) and to ensure that there is no blanket approach to the use of handcuffs / soft cuffs – emphasis on individualised risk assessment*
1.5	*Feb 2020*	*New SOP format*
1.6	*Feb 2021*	*Minor amendments Escorts carrying handcuffs and applying them on leave Approved by Clinical Network*
2.0	*April 2021*	*Full review in line with MoJ requirements Now Trust wide SOP Approved Mental Health Legislation Steering Group 21 April 2021*
3.0	*June 2022*	*Major amendments. Risk assessment guidance. Practice guidance. New document on Lorenzo. Includes nurse/medic reviews & documentation. Incorporates trauma awareness. Approved at MGL Steering Group 15-June-22*
3.1	*June 2024*	*Minor amendments made to secure vechicle terminology due to the trust no longer having a secure van. Removal for the "Velcro" brand name and clarification over type of restraint.* *Approved at Mental Health Legislation Steering Group (19 June 2024).*

Contents

1. INTRODUCTION 3
2. SCOPE 3
3. DUTIES AND RESPONSIBILITIES 4
4. RISK ASSESSMENT 5
5. PROCEDURES 7
5.1 TRAINING 7
5.2 CLINICAL OBSERVATION & MONITORING 7
5.3 DOCUMENTATION / RECORDING 8
5.4 EQUIPMENT & STORAGE 8
5.5 CLEANING & MAINTENANCE 9
6. IMPLEMENTATION 9
7. MONITORING AND AUDIT 9
8. AUTHORSHIP AND CONSULATION PROCESS 10
9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS 10
APPENDIX A: GUIDANCE / PRINCIPLES TO BE INCLUDED IN TRAINING 11
APPENDIX B: RECORD OF USE OF SOFT CUFFS/HANDCUFFS – RISK ASSESSMENT & CARE PLAN 15
APPENDIX C: HANDCUFF LOG - WEEKLY CHECK OF CLEANING & MAINTENANCE 17
APPENDIX D: NURSE/MEDIC REVIEW FORM 18
APPENDIX E: LEAFLET – GUIDE FOR ESCORTING / RECEIVING STAFF 20
APPENDIX F: EQUALITY IMPACT ASSESSMENT (EIA) 22

1. INTRODUCTION

The use of mechanical restraint in health care settings is a sensitive aspect in clinical practice. In some rare and extreme circumstances, however, to protect patients, staff, and the public it may be necessary to use soft cuffs / handcuffs to manage a patient's high risk of absconding whilst they are being escorted outside the inpatient unit.

The application of soft cuffs/handcuffs will be considered a use of force. This means that it must be justifiable, just as any use of force must be, for it to be lawful and professionally acceptable. Intentional application of force to a person will constitute an assault if it is not justifiable. This means that each application of soft cuffs/handcuffs to a patient must be a reasonable, necessary, and proportionate intervention for each individual occasion. Risk assessment must be evidenced within the electronic patient record.

It is important in the context of Trauma Informed Care to consider the potentially traumatising/re-traumatising effects of handcuff/softcuff use. Patients who have experienced any form of mechanical restraint or who have felt powerless, can find the use of handcuffs/softcuffs incredibly upsetting and even damaging. The individual needs of each patient MUST be considered prior to any decision to use a restrictive practice. It is essential that consideration is given to utilising the least restrictive option

Mechanical restraint should only be used exceptionally, where other forms of restriction cannot be safely employed. It should be used in line with the principle of least restrictive option and should not be an unplanned response to an emergency. Mechanical restraint should never be used instead of adequate staffing.

The carrying and use of soft cuffs/handcuffs is confined to external escorts

> *"Mechanical restraint is a form of restrictive intervention that refers to the use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control." (MHA Code of Practice 26.75).*
>
> *"Mechanical restraint - A method of physical intervention involving the use of authorised equipment, for example handcuffs or restraining belts, applied in a skilled manner by designated healthcare professionals. Its purpose is to safely immobilise or restrict movement of part(s) of the body of the service user." (NICE, NG10)*

This procedure offers guidance on the use of handcuffs and softcuffs on planned escorted leave (to court, medical appointment or prison transfer or an unplanned episode of leave such as emergency medical assessment/treatment as described in MHA Code of Practice 26.88, 26.89 and 26.90). This procedure does not include use to reduce the immediate risk of harm to others through highly assaultive behaviours.

2. SCOPE

This SOP is intended to guide the practice of clinical staff working within The Forensic Service, Mental Health Services and Learning Disabilities Services who are likely to be involved in the escorting of patients when mechanical restraint is planned to be used or as an option for use

For the Trust inpatient services, excluding Forensic Services, there may be rare occasions when restricted patients are being cared for in a general acute service and could be subject to MOJ restrictions and handcuffs/softcuffs could be used during leave to attend court or hospital appointment to prevent absconsion. At no other time would handcuffs be appropriate to use

The use of mechanical restraint is not an obvious part of the mental health clinicians' role. However, it is one option available in the management of risk - particularly that of absconding – whilst on escorted leave. This need is acknowledged in the Mental Health Act Code of Practice (Chapter 26). Some of the service's patient group will require escorting to court, hospital and to other venues when there is an identified risk of absconding. This risk can be eliminated by not granting leave, but this is not always an option. The decision to use mechanical restraint will not be taken lightly and will involve formal MDT review prior to it being sanctioned – always on an individual patient basis and relating to an individual occurrence. The individual risk assessment will consider the risk of traumatisation associated with restrictive practice. There will be no blanket approach to the use of mechanical restraints. The protocol is intended to ensure the individualised, sensitive, safe, and effective use of mechanical restraint.

Considerations for children and young people in the use of mechanical restraint
Using mechanical restraints is **not** considered for children and young people unless transporting a young person from medium to high secure settings. (NG10, 1.7)

3. DUTIES AND RESPONSIBILITIES

Chief Executive The chief executive has overall responsibility to ensure that policies and processes are in place for the treatment of the patients subject to seclusion.

Medical Director The medical director as lead director is responsible for ensuring that this policy is understood and adhered to by all staff involved in the implementation of this intervention and that all the processes are in place to ensure the policy is fully implemented.

Chief Operating Officer The chief operating officer is responsible for ensuring the MHA/CoP legislation/standards are followed by all staff involved in the implementation of this policy.

Director of Nursing, Allied Health and Social Care Professionals/Caldicott Guardian
The director of nursing/Caldicott Guardian has responsibility to ensure that this policy is understood and adhered to by nursing staff.

Clinical Director Has responsibility for ensuring that all clinical staff within the Trust are familiar with the requirements of the policy and can implement them.

General Managers and Clinical Leads Have responsibility for ensuring that all clinical staff within their division are familiar with the requirements of the policy and can implement them.

Modern Matrons The modern matrons have the responsibility to ensure that all nursing staff working within in-patient areas comply with the policy and ensure it is implemented effectively and safely.

Responsible Clinician (RC)/Approved Clinician (AC) Has specific responsibilities for the assessment and planning for use of restrictive interventions and has ultimate responsibility for the care and treatment of the patient.

Charge Nurses/Registered clinical staff/other clinical staff Must be aware of and comply with their responsibilities to implement the policy.

Registered Nurse Escort Will ensure that the requirements of the Risk Assessment & Care Plan are met during their period of escorting during handcuff/softcuff use, specifically including:

- 15-minute nursing reviews documented hourly on the Nurse/Medic Review Form
- Escalating concerns about the patient immediately if any concerns arise
- Ensuring the Medical reviews conducted via telephone are documented on the Nurse/Medic Review Form

All clinical staff must ensure they are compliant with this procedure and the Mental Health Act Code of Practice and its related procedures.

4. RISK ASSESSMENT

Each occasion of use of handcuffs/Softcuffs should only be authorised after a full risk assessment by the MDT which is documented within the electronic patient record using the Record of use of Softcuffs/handcuffs – Risk Assessment & Care Plan and on a specific section 17 leave form. The MDT discussion should include an RC, a registered nurse another discipline of professional and an IMHA where the patient has one (Code of Practice 26.77)

On occasion, in high-risk cases, the Secretary of State for Justice will make permission for a restricted patient to leave hospital conditional on the use of restraint. (MHA CoP 26.90) This should be discussed within an MDT and any concerns should be discussed with Mental Health Casework Section

Some patients requiring Ministry of justice approval for leave outside the hospital may require handcuffs to be carried by the escort. In this circumstance the MDT should plan for the conditions the escorts should use the Handcuffs. It is the registered nurse's decision to apply handcuffs or not. Using mechanical restraint may be the safest option.

Handcuffs/softcuffs may be carried by the escorting staff, where an assessment indicates a possible use as a contingency plan for specific and pre-determined situations e.g., where it is possible that a court decision will significantly increase a patient's risk of absconding. In this case, it is essential that a record of the assessment and detailed contingency plan is available within the patient's notes and known and planned by the escorting staff prior to the journey commencing.

Out of hours, in the event of an emergency the decision to handcuff, would need to be discussed with; duty manager, on call manager (if clinical) and Forensic consultant on call.

Details to be considered during risk assessment a)
Nature of escort – planned/emergency

b) Need for escort – can the procedure/event take place on the unit? Wherever possible high-risk journeys outside a secure environment should be avoided. Can the court appearance be facilitated remotely using technology? Can the medical investigation/procedure be conducted within the secure hospital?

c) Duration of escort & Leave status (MoJ to be contacted?)

d) Patient's current physical state, particularly conditions or circumstances which could be relevant to use of hand cuffs, e.g., muscular-skeletal injuries, cuts.

e) Current mental state of the patient including consideration of re-traumatisation associated with handcuff wearing

f) Risk to public, staff or patient should the patient abscond. Is the patient assessed to be compliant or non-compliant? Consider past/recent history of absconding

g) Whether to Use Softcuffs**.** Though not as secure as handcuffs, softcuffs are less uncomfortable, and may be considered as a less restrictive option. The decision, rationale and any added guidance will be recorded in the Risk Assessment & Care Plan form. This will give a rationale for the use of handcuffs/softcuffs.

h) Use of a secure vechicle (must be used), the vechicle must have locked doors, the patient must not be able to exit the vechicle without staff. The transport arrangements for outward and return journeys, loading arrangements, seating arrangements, unloading arrangements.

i) There is an agreed route, map, set of directions, mobile telephone no. (Route maps are kept both at base and in the vehicle) The communication arrangements between base and destination throughout the journey.

j) Destination – environment, exits, availability of waiting room, ability to accommodate patient and escorts, security i.e., lockable doors etc.

k) Any circumstances in which a patient's hand cuffs need to be removed and reapplied while they are outside of Forensic Services e.g., certain treatments/ therapies/ use of toilet facilities (needs a plan)

l) Factors such as the make-up of the 4-person escorting team; their skills, size, training (all DMI trained and at least 1 approved hand cuff user), ethnicity and gender mix along with physical comparison to the service user, as well as knowledge of and relationship to the patient. Wherever possible, substantive staff from across the Forensic Service should escort.

m) 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, but where possible, should happen before the escort leaves the ward).

n) Risk of an 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.

o) The escorting staff requirements and their individual specific roles and responsibilities.

p) Is there a need for additional medication (consider travel sickness)

q) The arrival point and arrangements to be received by other establishment/agency.

r) Vehicle and custody cell (if required) are pre-booked. For custodial transfers, a contact person and telephone number must be established at the destination point

s) MDTs should be mindful of the potential risks involved in giving some patients prior knowledge of an escorted journey and/or the use of hand cuffs when deciding about when to inform. In emergency situations, the on-call medic, and the senior nurse on shift in charge will discuss this issue with the patient following discussion with the Forensic on-call consultant.

5. PROCEDURES

5.1 TRAINING

All Staff applying soft /handcuffs devices must have undergone appropriate training:

- In their application of use.
- Maintenance of the Equipment.

A pre-requisite for this training is that staff be trained in the service's model of physical interventions. The Trust agreement is that it would be more appropriate to have staff trained ad hoc in the use of mechanical restraint by Forensic Division staff if the situation arises where cuffs need to be used. This would alleviate the risks of staff not using the cuffs for a long period of time and then not being clear on the procedures. A record of staff who have successfully completed Softcuff / Handcuff training will be kept on the learning and development training data base and an up-to-date list of 'approved hand cuff users', will be stored with the equipment. (in yellow "Handcuff" folder in reception) Training should be refreshed annually and this will be kept up to date by the Security Team. Personal training records on ESR will also be updated

It is not anticipated that *all* staff will be trained in the use of mechanical restraint; this decision will be an operational matter in order to ensure sufficient staff are available in the event of the use of mechanical restraint.

5.2 CLINICAL OBSERVATION & MONITORING

The Mental Health Act Code of Practice requires that the following clinical observation and monitoring is in place and evidenced.

- An individual who is mechanically restrained should remain under continuous observation throughout
- The individual should be reviewed by a nurse every fifteen minutes for the duration of the period of mechanical restraint.
- The individual should have a medical review by a registered medical practitioner at least one hour after the beginning of mechanical restraint.
- Subsequently there should be ongoing medical reviews at least every four hours by a registered medical practitioner.
- Medical reviews will be conducted via telephone, consideration should be given to using technology that allows visual communication alongside verbal communication

- Reviews should be undertaken more frequently if requested by nursing staff.
- Reviews should ensure that the individual is as comfortable as possible and should include a full evaluation of the patient's physical and mental health condition.
- Reviews should be recorded on paper whilst away from base and uploaded to the patients' electronic clinical record upon return

Procedures should be in place to enable nursing staff to summon a doctor to conduct a medical review ahead of the next scheduled review if they have concerns about the patient's condition. Details of this should be included in the Risk Assessment & Care Plan Form**.**

Guidance / principles to be included in training is detailed in Appendix A.

5.3 DOCUMENTATION / RECORDING

"Record of use of Soft cuffs/handcuffs – Risk Assessment & Care Plan" is an electronic form on the patient electronic record system. This will be completed prior to any individual use of handcuffs/softcuffs.

The use of handcuffs / softcuffs will be supported by directions in a S17 leave form.

In emergency situations, staff will discuss the need to use handcuffs / softcuffs with senior staff / forensic on-call RC and record the rationale in the Record of use of Soft cuffs/handcuffs – Risk Assessment & Care Plan.

Whilst handcuffs/softcuffs are in use, the reviews will be recorded on the Nurse/Medic Review Form.

Each use will be evaluated on the leave evaluation form within the patient electronic record system and at the earliest opportunity post use, will also be evaluated by the MDT and this recorded on the "Record of use of Soft cuffs/handcuffs – Risk Assessment & Care Plan" on the patient electronic record system.
A datix will be completed for each use of handcuffs/softcuffs plus the adverse incident form on Lorenzo

5.4 EQUIPMENT & STORAGE

The service approves the use of the following means of mechanical restraint;

- Hinged handcuffs,
- soft-cuffs.

The equipment will be stored in the Reception Control Room in the key store, and allocated a number as part of the key management system.

Humber Centre staff will supply equipment to other Trust inpatient services on an ad hoc basis as training is requested. This will also make maintenance easier and prevent the risk of staff using them without been trained.

The equipment will be checked and maintained on a Weekly basis (and prior to each episode of use if necessary) (ratchet and key mechanisms for handcuffs.)

All Staff applying soft /handcuffs devices must have undergone appropriate training:

- In their application of use.
- Maintenance of the equipment

5.5 CLEANING & MAINTENANCE

Regulations require that equipment provided for use at work is:

- suitable for the intended use
- safe for use, maintained in a safe condition and inspected to ensure it is correctly installed and does not subsequently deteriorate
- used only by people who have received adequate information, instruction and training

Provision and Use of Work Equipment Regulations 1998

The equipment *must be cleaned after every use or weekly if not used* and this must be documented on a check list that holds a signature of the person that has completed the task. Soft cuffs and metal cuffs should be wiped clean using standard disinfectant wipes. ***Do not machine wash or tumble dry***.

Maintenance of any rigid cuffs will involve ensuring that the single-bar can pass through the ratchet with ease and that the use of graphite lubricant to hinge & keyhole only is sufficient ***not WD40*****.**

Soft cuffs require a detailed check to ensure that all stitching is in-tact and that the compression strap is clear of fluff and other material. The plastic buckle must be checked to ensure that it is free of any jagged areas that could cause harm to the patient

6. IMPLEMENTATION

This guidance will be disseminated by the method described in the Documents Control Policy.
Revised Procedure to be circulated via global email
This SOP must be discussed within all MDT and team meetings, led by the senior staff in each team.
SOP will be available on the dedicated policies and procedures intranet page.
All staff undergoing handcuffing training will familiarise themselves with this procedure.

7. MONITORING AND AUDIT

Compliance against the requirements of this Procedure will be monitored/overseen by the Modern Matrons and each episode of mechanical restraint will be reviewed as a clinical issue by the MDT, and within The Forensic Service, as an operational issue by the Security Group.

Incidents of the use of handcuffs/softcuffs, are recorded via adverse incident form on Lorenzo and also reported via a Datix. This will be monitored at the weekly Bed Management meeting and quarterly through the Reducing Restrictive Interventions Group as part of an overarching reducing restrictive interventions plan.

This information is reported to the Mental Health Legislation Committee within its quarterly reporting cycle, and where required associated actions should be agreed as part of the quarterly committee meeting.

There will be an audit which monitors that the electronic clinical record reflects all requirements of the procedure. This will be focussed on the “Record of use of Soft cuffs/handcuffs – Risk Assessment & Care Plan”, the adverse incident form on the electronic clinical record, the uploaded nurse/medic review document and will include the Datix adverse incident record number.

If the audit high-lights any deficits or swerve from procedure, this will be reported to and addressed by the matrons.

Audit results to be reported on as part of the divisional audit summary.

8. AUTHORSHIP AND CONSULATION PROCESS

This Procedure was fully reviewed by forensic modern matron with involvement from members of the Reducing Restrictive Interventions Group, with oversight from the Mental Health Legislation Steering Group and Mental Health Legislation Committee.

9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

- Mental Health Act 1983
- Mental Health Act Code of Practice (DoH, 2015)
- Mental Capacity Act 2005
- Violence and aggression: short-term management in mental health, health and community settings – NG10 (NICE, May 2015)
- Positive and Proactive Care: reducing the need for restrictive interventions (DoH, 2014)
- Mental Health Casework Section - Guidance: Medical Leave for Restricted Patients February 2021

APPENDIX A: GUIDANCE / PRINCIPLES TO BE INCLUDED IN TRAINING

Before use

It is important in the context of Trauma Informed Care to consider the potentially traumatising/re-traumatising effects of handcuff/softcuff use. Patients who have experienced any form of mechanical restraint or who have felt powerless, can find the use of handcuffs/softcuffs incredibly upsetting and even damaging. The individual needs of each patient MUST be considered prior to any decision to use a restrictive practice. It is essential that consideration is given to utilising the least restrictive option. Handcuffs / soft-cuffs will be applied with due regard to the privacy & dignity of the patient. At least one member of the escort will be of the same gender as the patient in order to fully meet any patient needs that may arise.

A pat-down search must be undertaken prior to handcuffs/softcuffs being applied All non-urgent communication should be co-ordinated by ward staff

The MDT should communicate a decision to use hand cuffs to the patient concerned prior to the escorted journey. To include the reasons for hand cuffs being used; the procedures involved and obtain the patient’s views. This should include informing the patient of their right to make a complaint This does **not** include obtaining the patient’s consent.

A leaflet has been prepared to share with hospital staff in the event handcuffs / softcuffs are used. This is titled “Guide for Escorting & Receiving Staff for when Patients from Secure Settings need to attend Physical Health Appointments or Acute Care” and explains the circumstances cuffs may be used.

During Use

Escorting staff will be aware that the use of handcuffs may cause embarrassment or distress, especially when used in public. Staff will remain supportive, sensitive and compassionate in their approach to this intervention at all times.

In a medical emergency/ in circumstances where the patient appears unconscious, immobile or life is at risk due to physical injury/illness it may be unwarranted to apply handcuffs due to the nature of health, however the Duty Manager may decide that staff carry the handcuffs in case that the individual is feigning the illness in order to be removed from the secure setting.

Use of ambulance. An emergency transfer requiring the use of a Paramedic ambulance may still require the use of hand cuffs. 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.

Use of Soft cuffs/handcuffs during Hospital Appointments

During medical appointments, escorting staff should alert medical staff to any identified risks if restraints were to be removed; however, if requested by medical staff, they should be removed whilst medical treatment is carried out. (MHA CoP 26.89)

Soft cuffs/handcuffs must be removed only for the shortest time commensurate with the medical examination, and escorting staff must exercise full vigilance during this period.

Use of toilet

In the event the patient requires the toilet, this should have been discussed during the MDT risk assessment and a plan formulated.
Use of disabled toilet where possible, take radar key, check out the room for escape via window etc. Remove cuffs for the shortest time possible. Be mindful of privacy and dignity.

Handcuffs/soft cuffs will only be used with compliance from the individual they are to be applied to. if the individual were to become non-compliant and/or behaviour escalates staff are to terminate the escort, re-seek compliance. If the patient continues to be non-compliant, a return to base is appropriate. Police assistance may need to be sought in extreme circumstances

All journeys where patients are hand cuffed should depart and arrive via the secure vehicle bay or other appropriate location, which offers a discrete route and suitable location for hand cuffs to be applied and removed prior to leaving and on re-entering the building. It may be required for hand cuffs to be applied prior to leaving the ward if the risk is deemed high enough, this should not be the norm.

Where the service user refuses to have hand cuffs applied, an immediate risk assessment of the situation will be undertaken and the following options considered:

- Termination of escort
- Request police assistance

Safety Points

Application whilst under restraint is not desirable, though it may prove necessary should the patient risk factors indicate the use of restraint to manage the risk (e.g. in the event of transfer to higher levels of security or to manage risk of absconding whilst out on leave). Handcuffs can only be applied in restraint using level 1 or 2 DMI holds in a standing or sitting position. Physical resistance might suggest that the episode of escorted leave may need to be urgently reviewed.

All staff should be competent and trained in De-escalation, Management and Intervention Physical Principles (DMI).
Soft cuffs and tri-hinge handcuffs must be applied with the patient's hands in front of them, in the stack position only.
Handcuffs / soft-cuffs will NEVER be used to secure the patient's arms behind their back.

Escorting staff will remain aware of the obvious physical limitations that a mechanically-restrained patient will experience (i.e. mobility, balance, bathing, toileting, eating, etc.).

A person must **never** be handcuffed to a rigid/ immovable object including any fixtures or fittings. Nor must any member of staff be handcuffed to a patient.

Before applying soft cuffs/handcuffs the nurse in charge of the escort and/or staff applying the soft cuffs/handcuffs, must ensure that the patient has not applied grease or oil to their wrists.

They must also request the patient to unclench their fist, if this is the case, and to relax their wrist before applying the soft cuffs/handcuffs.

Careless use of soft cuffs/handcuffs can cause fractures of bones in the wrist and/or nerve damage. The nurse in charge of the escort applying the soft cuffs/handcuffs must ensure that soft cuffs/handcuffs are applied and secured in the approved manner. Soft cuffs/handcuffs must always be placed on the wrist, never forcibly snapped on.

Handcuffs must be applied with a comfortable but secure fit, this can be ensured by inserting the tip of the staff's little finger between the handcuff shank and the patients wrist when applying them. Once fitted the Tri-Hinge handcuffs must be double locked. The tightness of the cuffs must be checked by the registered nurse escort. They should be secured above the wrist bone and tight enough so as they cannot be slipped over this bone. Also the patient's wrist movement and blood flow must be checked regularly throughout their use. Caution must be exercised if it becomes necessary to adjust the soft cuffs/handcuffs during transit. Removal of soft cuffs/handcuffs should only occur in exceptional circumstances and with due regard to the safety and security of all present.

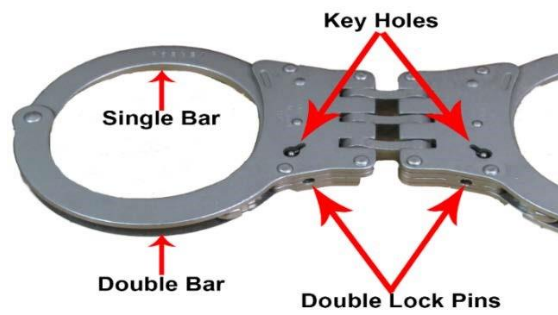
If soft cuffs/handcuffs are to be removed on arrival at the destination, this should only take place once the patient is securely housed in a building. Close observation is to be maintained at all times and the patient is not to be left without an escort. Soft cuffs/handcuffs must be reapplied prior to the return journey.

After Use

If the patient who has been handcuffed is reporting or has been assessed to have received injury from the use of the soft cuffs/handcuffs they must be seen by a doctor as soon as possible after the incident.

Following any use of handcuffs the patient should be offered post incident support as indicated in the trusts post incident support policy and SOP.

Tri-Hinge Handcuffs and Soft Cuffs are only to be used in the stacked position



APPENDIX B: RECORD OF USE OF SOFT CUFFS/HANDCUFFS – RISK ASSESSMENT & CARE PLAN

Available only on patient electronic record. One form will cover risk assessment, rationale for use, care plan/management plan and evaluation post use

Ward:	**Legal Status:**
Consultant (RC):	**Date of MDT discussion:**
Attendees of MDT discussion *should include an RC, a registered nurse, other discipline of professional and an IMHA where the patient has one (Code of Practice 26.77)*	
Summary of MDT discussion *Can the procedure/event take place on the unit? Wherever possible high risk journeys outside a secure environment should be avoided. Can the court appearance be facilitated remotely using technology? Can the medical investigation/procedure be conducted within the secure hospital?*	
Risk Assessment: *Risk to public, staff or patient should the patient abscond. Is the patient assessed to be compliant or non-compliant?* **Type to be used** **Hinged** ☐ **Softcuff** ☐ *Though not as secure as handcuffs, softcuffs are less uncomfortable, and may be considered as a less restrictive option.*	
Current Leave Status: **RC Discretion** ☐ **Emergency Leave Only** ☐	**Destination:** **Dentist** ☐ **Hospital** ☐ **Court** ☐
Date of planned use	**Destination address**
Current mental state of the patient inc' consideration of re-traumatisation associated with handcuff wearing	
Risk assessment of specific destination *Things to consider: Destination – environment, exits, availability of waiting room, ability to accommodate patient and escorts, security i.e., lockable doors etc.*	
Circumstances in which soft cuffs/handcuffs may be removed & reapplied while outside of forensic services: *e.g., certain treatments/ therapies/ use of toilet facilities (needs a plan)*	
Nature of Escort: *Factors such as the make-up of the 4-person escorting team; their skills, size, training (all DMI trained and at least 1 approved hand cuff user), ethnicity and gender mix along with physical comparison to the service user, as well as knowledge of and relationship to the patient. Wherever possible, substantive staff from across the Forensic Service should escort.*	

<table>
<tr><td colspan="2">Details of medic who will conduct remote reviews Procedures should be in place to enable nursing staff to summon a doctor to conduct a medical review ahead of the next scheduled review if they have concerns about the patient’s condition.</td></tr>
<tr><td colspan="2">Index Offence:</td></tr>
<tr><td>Past/recent history of absconding:</td><td>Risk to public, staff or self:</td></tr>
<tr><td colspan="2">Patient’s current physical state & health needs, particularly conditions relevant to handcuff use, e.g. muscular-skeletal injuries (consider travel sickness)</td></tr>
<tr><td colspan="2">Review of leave by Registered Nurse escort</td></tr>
<tr><td colspan="2">Patient feedback</td></tr>
<tr><td>Date / time observation record is uploaded to Lorenzo</td><td>Date Datix submitted</td></tr>
<tr><td colspan="2">Date of MDT discussion</td></tr>
<tr><td colspan="2">Attendees of MDT discussion</td></tr>
<tr><td colspan="2">MDT Evaluation of use</td></tr>
</table>

APPENDIX C: HANDCUFF LOG - WEEKLY CHECK OF CLEANING & MAINTENANCE

The equipment **must be cleaned after every use or weekly if not used**
Soft cuffs – *Do not use detergent and do not tumble dry.*
Use **disinfectant wipes.** Soft cuffs require a detailed check to ensure that all stitching is intact and that the compression strap is clear of fluff and other material. The plastic buckle must be checked to ensure that it is free of any jagged areas that could cause harm to the patient
Metal cuffs - ensure that the single-bar can pass through the ratchet with ease and use bike maintenance lubricant to hinge and keyhole. **Do not use WD40.**

Date:	**Time:**	**Checked by: (print name)**	**Soft cuffs** (please tick)		**Handcuffs** (please tick)		**Comments**	**Signature:**
			checked	**cleaned**	**Cleaned**	**Oiled**		

APPENDIX D: NURSE/MEDIC REVIEW FORM

Paper form to accompany any escorted leave where handcuffs are used. On return, form to be uploaded to patient electronic record

Handcuff trained escort should secure cuffs above the wrist bone and must be applied with a comfortable but secure fit, this can be ensured by inserting the tip of the staff's little finger between the handcuff shank and the patients wrist when applying them. (Be aware of differences in finger size). so they cannot be slipped over this bone. Once fitted the Tri-Hinge handcuffs must be double locked. The tightness of the cuffs must be checked by the registered nurse.

The registered nurse must complete a check every 15 minutes, this must be evidenced on this form and documented hourly. Check to include:

- is patient able to move wrists comfortably.
- Is there healthy blood flow, regular skin tone, no red/blanched areas.

Caution must be exercised if it becomes necessary to adjust the soft cuffs/handcuffs during transit. Removal of soft cuffs/handcuffs should only occur in exceptional circumstances and with due regard to the safety and security of all present. **There must be a medical review within one hour of cuffs being put on, then 4 hourly, phone review, to be documented by registered nurse** Reviews should ensure that the individual is as comfortable as possible and should include a full evaluation of the patient's physical and mental health condition

If the patient who has been handcuffed is reporting or has been assessed to have received injury from the use of the soft cuffs/handcuffs they must be seen by a doctor as soon as possible after the incident.

<table>
<tr><td colspan="4">NHS No:</td></tr>
<tr><td colspan="2">Date:</td><td colspan="2">Time Handcuffs Applied:</td></tr>
<tr><td colspan="2">Escort 1 (Registered Nurse)</td><td colspan="2">Escort 2 (Handcuff Trained)</td></tr>
<tr><td colspan="2">Escort 3</td><td colspan="2">Escort 4 (Driver)</td></tr>
<tr><td>Time</td><td>Specify nurse or medic Review</td><td>Hourly Documentation</td><td>Signature Print Name</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>Time</td><td>Specify nurse or medic Review</td><td>Hourly Documentation</td><td>Signature Print Name</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table>

Time handcuffs removed		Any injury? No ☐ Yes ☐ If Yes, ensure medical examination asap and complete Datix	

APPENDIX E: LEAFLET – GUIDE FOR ESCORTING / RECEIVING STAFF

Discharge Planning

It is essential that there is effective and timely communication between the hospital and the 'home' ward. Any immediate advice and instructions should be sent to the secure setting in a sealed envelope with the escorting staff, and telephoned through ahead of discharge.

Prior to discharge, it is important to contact the nurse in charge of the 'home' ward to establish what facilities and services are available. While escorting staff are a valuable source of information, there needs to be direct communication with the qualified nurse to discuss any aftercare needs. Take home medication should be provided in the same way as for a patient who is going home

Information Sharing

Escorting staff will be responsible for supporting the patient and sharing clinical information as is required and appropriate to the patient's care.

The delivery of information needs to be based on the individual's needs.

Accessible - both in language and delivery. If written, please consider an easy read format, for patients with additional needs.

It is crucial that there is good contact and communication between sending and receiving health care teams to avoid miscommunication and/or conflict.

Record Keeping

The importance of effective record keeping cannot be underestimated.
Due to the nature of our patients it is essential that appropriate documentation is made in the patient's record at the time of significant events, as well as usual record keeping.

All cases of death of a detained person will be subject to a full investigation by the secure hospital and subsequent coroner's inquest. This will require full co-operation from all staff involved.

References
Royal College of Nurses (RCN) 2017 Supporting Nursing Staff Caring for Patients from Places of Detention www.rcn.org.uk/get-help/rcn-advice/inquest-and-fatal-accident-inquiry

The Humber Centre Medium Secure Service & Pine View Low Secure Unit

Beverley Road,
Willerby

Humber Teaching
NHS Foundation Trust

Guide for Escorting & Receiving Staff for when Patients from Secure Settings need to attend Physical Health Appointments or Acute Care

This leaflet has been produced to support healthcare staff working outside of secure settings to care for those who are detained.

Secure Services Division
Humber Teaching NHS Foundation Trust

The Humber Centre & Pine View

The Humber Centre & Pine View are secure hospitals providing psychiatric assessment care and treatment for men who are detained under the Mental Health Act. When attending healthcare appointments or accessing urgent care, **many patients will be anxious** about their treatment, **there may be embarrassment** about being seen in public, (possibly handcuffed to escorting staff) **Patients may feel stressed or frightened** when attending healthcare settings, as do many members of the public.

Supporting our patients

Some patients have lived through traumatic events, and may be experiencing a period of mental ill health or distress. In addition, some patients **may have learning difficulties**. As with all patients, healthcare staff must recognise the need for **compassion** and the need to adopt a **non-judgemental attitude and professional demeanour.**

Medication

Escorting staff will provide information of any prescribed medicines and will provide any medicines that have special dispensing requirements such as Clozapine.
Patients admitted to the acute hospital **will need their medication to be provided, stored and administered by the registered nurse** within the acute hospital.

Diagnoses

Would it be worth just giving a brief bullet point list of the diagnoses that our patients may have?

Caring for detained patients

Caring for people in detention can be challenging on a number of levels. However, despite the challenges, it is imperative to value mental health equally with physical health. Ensuring equal access to the most effective and safest care and treatment.

Remember: No health without mental health.

Risk Management

Healthcare professionals may have concerns that caring for patients from secure settings will be challenging. It is important to recognise that not all detained patients will be dangerous or violent.

Each patient will have a risk assessment prior to leaving the secure unit. Consideration will have been given to needs related to managing risk and keeping both the patient and the public safe.

If the risk management plan includes the use of **handcuffs**, then any request to remove these may require consultation between the escorting staff and the senior management / Consultant from the secure service.

Ensuring the safe custody of these patients outside of the secure setting is the responsibility of the escorting staff (these are usually nursing staff)

Operating Suites

Escorting staff will accompany a patient to and into the anaesthetic room and remain with the patient until they are anaesthetised. Escort staff will then wait in a suitable area within the theatre complex. Risk factors will dictate **when and if** handcuffs are removed.

Xray Investigations

It may be necessary for escorts to remain near the patient during xray investigations, please ensure safety equipment is provided

APPENDIX F: EQUALITY IMPACT ASSESSMENT (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Handcuffs and Soft cuffs
2. EIA Reviewer (name, job title, base and contact details): Michelle Nolan, Mental Health Act Clinical Manager
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service This procedure refers to the use of handcuffs and soft cuffs on planned escorted leave (to court, medical appointment or prison transfer or an unplanned episode of leave such as emergency medical assessment/treatment as described in MHA Code of Practice 26.88, 26.89 and 26.90). This procedure does not include use in order to reduce the immediate risk of harm to others through highly assaultive behaviours. Safety of patients, staff and visitors is of paramount concern to the service. This procedure offers guidance on the use of handcuffs and soft cuffs.		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group Age Disability Sex Marriage/Civil Partnership Pregnancy/Maternity Race Religion/Belief Sexual Orientation Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? **Equality Impact Score** Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? 1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	In line with NICE Guidance (NG10) mechanical restraint should not be used for in children (under 13) unless transferring between medium and high secure facilities
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	
Sex	Men/Male, Women/Female	Low	
Married/Civil Partnership		Low	
Pregnancy/ Maternity		Low	
Race	Colour, Nationality, Ethnic/national origins	Low	
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

<table>
<tr><td colspan="4">Please describe the main points/actions arising from your assessment that supports your decision above</td></tr>
<tr><td colspan="4">The use of handcuffs/soft cuffs for detained patients may be directed by MoJ. Similarly, there may be occasions where mechanical restraint (including handcuffs) may be used for security purposes for the transfer of restricted patients in secure settings to non-secure settings. The use of mechanical restraint in these circumstances should be informed by an assessment of the risks posed by the patient, as well as their presenting physical and mental condition and the need to maximise their dignity. This procedure does not include use in order to reduce the immediate risk of harm to others through highly assaultive behaviours. Safety of patients, staff and visitors is of paramount concern to the service. Though not as secure as handcuffs, soft-cuffs are less uncomfortable, and may be considered as an alternative in some cases. Handcuffs / soft-cuffs will be applied with due regard will be paid to the privacy & dignity of the patient.</td></tr>
<tr><td>EIA Reviewer</td><td colspan="3">Michelle Nolan</td></tr>
<tr><td>Date completed;</td><td>June 2024</td><td>Signature</td><td>M. Nolan</td></tr>
</table>