



Information for  
parents and  
carers

**Use of Physical Restrictive  
Intervention for children and young  
people**

## Introduction

Children and young people admitted to the ward are assessed and monitored for their safety in many ways. Some children in hospital display emotional reactions that can become dysregulated (unable to react with an appropriate emotional response) and lead to aggressive or harmful behaviour. In this situation intervention may be required to manage behaviour that presents a danger to the patient themselves or to other people on the ward. This leaflet explains the interventions and their use and safeguards.

## What does physical restraint involve?

Physical restraint involves direct physical contact where the intention of the person is to prevent, restrict or reduce movement of the body or part of the body.

## Who can provide physical restraint?

Only staff who have been fully trained and assessed in physical restraint can do this. This could be the Trust security team, a member of the nursing staff or carers who have been trained in this. National standards of training and practice are adhered to and all episodes of restraint from the security team are recorded on body camera footage.

## Physical Restrictive Intervention Guidance

This leaflet aims to assist, support and reassure parents and carers of the use of physical restrictive intervention. We always try to manage incidents without physical intervention. Where we need to do so, this

must be for the shortest time possible and not continue past the point of crisis.

The physical intervention techniques used will always avoid “no go” areas of the body, so should not affect airways, breathing, circulation or movement of any joint, so they **MUST**:

- **NEVER** restrict airways, breathing or circulation
- **ALWAYS** be above or below a joint and **ALWAYS** work with the natural bend of a joint, or fold in the body, rather than against these
- Pressure must **NEVER** be placed on or over any joint.

**Examples of physical restraint are shown on the following pages:**

**The photographs show interventions on an adult rather than a child, but demonstrate the principals involved.**

## Arm intervention

### Low Level

Hold of the arm above the wrist joint and below the elbow joint



### Medium Level

- Keeping the arm tucked in close to the side of the body
- Holding the arm above the wrist joint
- Supporting the top of the arm via the shoulder



## High Level

- Keeping the arm tucked in close to the body
- Using the natural fold in the arm
- Bending the arm in towards the body
- With one hand holding the arm above the wrist and with the other hand supporting the elbow



Correct Interventions

## Incorrect intervention on arms

Arms should not be held above the head or by the hand.

During the intervention the arm should not move away from the body



Incorrect Interventions

## Head intervention

- Only using the palm of the hand to hold the head
- The hand should line up against the eyebrows and be placed on the forehead, with either 1 hand or 2



Correct Interventions

## Incorrect intervention on head

- Hands must never go over or put pressure on the neck area
- Hands should not put pressure on the top of the head or be placed on the patient's hair



Incorrect Interventions

## Leg intervention

### Low Level

- Legs to be kept straight, no bending at the knee
- Keeping the legs together as shown
- Holding the leg above the ankle joint, around the shin



## High Level

- Keeping the legs together
- Lean body weight across a patient's legs, sliding 1 arm under and gripping wrist to secure
- Ensuring that there is no pressure on/over the ankle joints
- The legs must remain on the bed



Correct Interventions

## Incorrect intervention on legs

- Legs must not be crossed over, affecting circulation
- Legs must not be held over the knee/ankle joint



Incorrect Interventions

## Standing intervention

### Low level

- The arm will be held above the wrist joint
- If the patient resists, then the elbow will be locked out to provide stability
- Patient can be guided to an appropriate space whilst in this hold



## High level

- If a patient continues to resist, then further restrictive intervention from security can be utilised
- Security may hold by keeping the arm tucked in close to the body
- Using the natural fold in the arm
- Bending the arm in towards the body

This allows support to the wrist to prevent it from bending and also support the elbow.

- Patient can be guided to an appropriate space whilst in this hold

This is an escorting technique, where a hand is placed behind the palm to support the wrist, an arm is then placed under their arm, then over the persons forearm to close the available space to give support, this will then allow the patient to be escorted securely.





Correct Interventions

## Incorrect intervention

- Pressure must not be put over a patient's abdomen in any circumstance



Incorrect Interventions

## Contact details

Should you require further advice or information please ask to speak to your child's nurse, the ward manager, or matron. If you are concerned that staff are not providing least restrictive care to your child, please contact our safeguarding team on **01772 523676**.

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

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**This information can be made available in large print, audio, Braille and in other languages.**

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