

Bloomfield Hospital operates a policy on Mechanical Restraint in accordance with **Part 4** of The MHC Mechanical Restraint Rule **ONLY: Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others** as in keeping the statutory regulations as laid down in the Mental Health Act 2001. This Policy has been developed in line with the Mental Health Commission (MHC) Code of Practice Governing the Use of Mechanical Restraint (2010) including the Revised Rules effective from 1st January 2023.

The use of mechanical means of bodily restraint on an ongoing basis for enduring risk of harm to self or others may be appropriate in certain clinical situations **but must be used only** to address an identified clinical need and/or risk. Examples include the use of bed rails, and lap belts.

The aim of this policy is to ensure

- Residents identified risks are managed in the least restrictive way possible
- To ensure Mechanical Restraint is only used when clinically indicated for enduring risk to self as in keeping with Part 4 of the code (example risk of falls)
- To ensure all use of mechanical restraints (bed rails/lap belts) are risk assessed and appropriate to the specific clinical need identified (example provide safety to resident when at risk of fall) and are accurately recorded in the individual care plan with quarterly reviews.
- Bloomfield Hospital recognises the inherent rights of our residents to personal dignity and freedom in accordance with the international human rights legislation

In 2023 there were 27 patients using mechanical restraint, either bed rail and/or a lap belt. All mechanical restraints in Bloomfield were prescribed for safety reasons to prevent falls or injury.

Bloomfield Hospital is committed to reducing mechanical restraint through

- Staff induction
- Scheduled Staff training, development and supports
- Trauma-informed care with HSELand
- FREDA principals training (applying a human rights-based approach to health and social care) currently in place and mandatory for all staff.
- Appropriate staffing levels.
- The ongoing use of recognised and approved assessment tools
- Updated Risk Registers
- Policy audit and updates.
- Where possible Resident engagement and involvement in the care and treatment process
- The implementation of increased observation levels where appropriate