

Policy/Procedure/Guideline**Use of Handcuffs Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance & Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 2 Years**Identifiable Document Code:** PTUK036**Last Review:** April 2020**Next Review:** April 2022

POLICY AWARENESS	
People who need to know this policy in detail	All Staff
People who need to have a broad understanding of this policy	All Staff
People who need to know this policy exists	All Staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1	New policy	New policy

Policy location:

Main documents folder in Crew room and control room.
On the Company Server

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1.0 Introduction

- 1.1 The information contained in this document is designed to provide PTUK staff with an overarching, generic approach to the use of handcuffs.
- 1.2 The guidance should not be viewed in isolation but seen as the guiding principles and fundamental approach, underpinning the specific training provided to all staff issued with handcuffs.
- 1.3 The use of handcuffs should be seen in the context of Conflict Resolution and Use of Restraint and their use viewed as one of the many tactical options available to staff in the resolution.

2.0 Use of Handcuffs

- 2.1 Any intentional application of force to the person of another is an assault. The use of handcuffs amounts to such an assault and is unlawful unless it can be justified. Justification is achieved through establishing not only a legal right to use handcuffs, but also good objective grounds for doing so in order to show that the member of staff acted reasonably and necessarily.
- 2.2 Staff should be familiar and comfortable with the circumstances in which handcuffs may be used. Moreover, they should be able to justify the usage to management, superior staff and the appropriate authorities including the courts.
- 2.3 In considering what action is reasonable, a member of staff should apply the knowledge given in their training and this policy. Factors such as age and gender, respective size and apparent strength and fitness may or may not support the justification of using handcuffs, taking into account all the accompanying circumstances at the time. There must always be an objective basis for the decision to apply handcuffs.
- 2.4 The physical condition of a patient is another consideration in deciding whether or not to handcuffs should be applied or their application continued. For example, where a patient has a condition that may be aggravated when handcuffed, this might make their use unreasonable. When handcuffs are used, the condition of the patient should be monitored to ensure that there is no particular risk of injury or death.
- 2.5 In establishing an objective basis for believing that a patient may escape or attempt to escape, a member of staff may react to whatever the patient says or does, but need not wait for a physical act. The member of staff should consider the medical and social aspects of the patient's condition. Previous indications of the patients likelihood to attempt escape can also be considered to establish reasonable grounds to handcuff.

- 2.6 In establishing an objective basis for believing that a patient should be handcuffed because violence is likely to be used against a member of staff or a member of the public, the member of staff need not wait for a physical act from the patient. The member of staff should take into account the actions of the patient prior to detention. If violence had already been displayed in the circumstances that led to the transfer, this could constitute adequate objective grounds for handcuffing. Verbal and non-verbal indications from a patient of a possible likelihood of violence can provide grounds for making an objective decision. When a patient is known or is believed to be likely to use violence, based on previous experiences of such, this would also assist a staff member to develop an objective basis for a decision to use handcuffs.

3.0 Operational Tactics

3.1 Operational use of Handcuffs

- 3.1.1 The techniques and tactics for the use of handcuffs are covered during the training provided to all PTUK staff on the mental health secure unit.
- 3.1.2 Details of the training can be found in the Patient Transport UK training department.

4.0 Training

4.1 Provision of Handcuff Training

- 4.1.1 Handcuff Safety Training is an integral element in the use of handcuffs and other restraining equipment.
- 4.1.2 The training provided is an extremely effective control measure which addresses the hazards faced by staff within PTUK Mental Health Transport crews.
- 4.1.3 There are clear benefits to be accrued from appropriate and regular training.
- 4.1.4 All relevant staff will receive Handcuff Training. This will ensure that staff are fully equipped to manage conflict.

5.0 Duties

5.1 Duties of Directors of PTUK

- 5.1.1 The Directors of PTUK have overall responsibility and liability for ensuring the health, safety and welfare of employees, patients, visitors and those affected by PTUK activities. They have overall responsibility for the implementation of this policy, in accordance with legislation and national guidance.

5.2 Duties of Managers of PTUK

- 5.2.1 Managers are responsible for ensuring they have a comprehensive understanding of their own remit within this policy and any associated procedures and guidelines. They are also responsible for ensuring staff understand and comply with the policy and associated procedures.

- 5.2.3 All Managers must:

- Be familiar with and enforce this policy.
- Not make a moral judgment when counselling or interviewing employees.
- Respect the requirement of strict confidentiality.
- Seek advice where problems have been identified and be able to guide the employee concerned to seek help.
- Ensure that contractors working in their area of responsibility comply with this policy.

5.4 Duties of Employees

- 5.4.1 All employees (including full time, part time, temporary, bank, managers and agency workers), contractors, subcontractors, agents and visitors will be covered by the PTUK Use of Handcuffs Policy and it is the responsibility of all managers and supervisors to ensure that the policy is enforced. This includes self employed vehicle crew staff operating on PTUK's behalf.
- 5.4.2 All staff have the duty to familiarise themselves with and comply with this policy.

6.0 Consultation and Communication with Stakeholders

- 6.1 New members of staff and contractors/subcontractors will be advised of PTUK's policy at induction.
- 6.2 Existing staff in position at policy inception will be notified by use of internal email and staff notice boards.
- 6.3 The Staff Liaison Officer is a member of the Clinical Governance and Risk Board who will undertake staff consultation through the development process.

7.0 Definitions

7.1 For the purposes of this policy, “Company Premises” extends to all buildings, yards, and company vehicles including ambulances, minibuses, cars and support vehicles.

7.2 “Client’s” or “Customer” premises include those from or to which PTUK are requested to pick up or deliver patients, including their own homes, hospitals, care homes, military establishments and airports. This extends to such premises visited on company business for reasons other than patient transport. (e.g. Sales visits, meetings, conferences etc.).

8.0 Appendices

Appendix 1 - Impact Assessment Tool

Appendix 2 - Checklist for the Review and Approval of Procedural Document

Appendix 1 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Director of Human Resources and Corporate Affairs, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 7 - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?		
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	CG&RB meetings
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	CG&RB
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	Dissemination and Implementation		

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Is there an outline/plan to identify how this will be done?	Yes	Email staff
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	Archived in folder store on server
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	Internal auditor
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	11 th April 2020
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	11 th April 2020
Signature			