

<b>STANDARD OPERATING PROCEDURE:</b>	<b>Safety Interventions and Clinical Holding with Children and Young People</b>
<b>SOP NO:</b>	<b>TW23-047 SOP 2</b>
<b>VERSION NO:</b>	<b>1.0</b>
<b>APPROVING COMMITTEE:</b>	<b>Safeguarding Effectiveness Group (SEG)</b>
<b>DATE THIS VERSION APPROVED:</b>	<b>July 2023</b>
<b>RATIFYING COMMITTEE:</b>	<b>PARG (Policy Approval and Ratification Group)</b>
<b>DATE THIS VERSION RATIFIED:</b>	<b>November 2023</b>
<b>AUTHOR(S) (JOB TITLE)</b>	<b>Advanced Paediatric Nurse Practitioner</b>
<b>DIVISION/DIRECTORATE</b>	<b>Child Health/Surgical Division</b>
<b>LINKS TO OTHER POLICIES, SOP'S, STRATEGIES ETC:</b>	<p>Safety Intervention and Clinical Holding for Adults and Children Policy  Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) TW13-039  Managing Violence and Aggression Policy TW10-028  Therapeutic Management of Vulnerable Adults with Challenging Behaviour. TW13-026  Restrictive Physical Intervention Therapeutic Holding and Restraint for Children and Young People TW13-026 SOP 2  Mental Capacity Amendment Act (2019).  Mental Health Act (1983)  Human Rights Act (1998)  NICE guideline [NG11]Published: 29 May 2015  CQC briefing Guide on mechanical and Physical Restraint  WWLNHS Safeguarding Adults Policy TW21-034  Appropriate Use of Enhanced Care TW16-027  Bed Rails Policy- TW16-027  Delirium: The Prevention, Recognition and Management of Delirium in Critical Care TW17-015  Nasal Bridle Policy TW10-007  Covert Medication SOP TW10-037 SOP 18  Use of Mittens SOP TW12-019  Dignity in Care Policy TW13-030</p>
<b>CONSULTED WITH</b>	<p>Safeguarding Effectiveness Group  Least Restrictive Core Group  NMALT  NMAHP</p>

<b>Date previous version(s) ratified:</b>		
<b>DATE OF NEXT REVIEW:</b>	<b>November 2026</b>	
<b>Manager responsible for review (Job title)</b>		

**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT  
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

<b>Contents</b>		<b>Page No.</b>
1	Introduction	2
2	Scope	2
3	Aims	3
4	Procedure	4-6
5	Human Rights Act	7
6	Accessibility Statement	7

## 1 INTRODUCTION

- 1.1 Clinical holding (Sometimes known as Supportive Holding or Therapeutic Holding) includes helping Children and Young People (CYP), usually with their permission, consent or assent, to manage a painful procedure quickly or effectively. This is distinguished from Safety Interventions (restrictive physical intervention) by the type of holds required and the intention e.g. babies and small children for clinical procedures or examination. The person who is holding the CYP may be a member of staff or a parent/guardian.
- 1.2 Moderate Risk assessment involves holding Children and Young People (CYP) for specific procedures where there is an increased risk of airway compromise or other risk (e.g. holding a small baby for lumbar puncture). This will usually be with their permission, consent or assent, to manage a painful procedure quickly or effectively, this is distinguished from high risk physical intervention by the types of hold required. The person who is holding the CYP will usually be a member of staff.
- 1.3 It is normal practice to “hold” a Child or Young Person (CYP) for examination or treatment as above. It is acknowledged that there will be occasions when Safety Interventions are required for high risk situations. Physical holding may be required for unacceptable standards of behaviour or for medical reasons. Types of incident where the use of ‘Reasonable Force’ may be necessary fall into three broad categories:-
  - 1.3.1 Action due to imminent risk of injury.
  - 1.3.2 Action where a young person is behaving in a way that is compromising a successful health outcome to themselves and others in a particular environment.
  - 1.3.3 Action due to developing risk of injury or significant damage to property.
- 1.4 Clinical Holding and Safety Interventions usually involves direct physical contact – used to complete a procedure, to prevent serious harm or achieve de-escalation of a situation. Clinical Holding and Safety Interventions involves one or more members of staff holding the person, moving the person, or blocking their movement to stop them leaving a safe place. Chemical Clinical Holding should also be included in this section. The use of sedation to control behaviour would be seen as an extraordinary or unusual step however it may be required for specific medical procedures or investigations under the auspices of the WWL Paediatric Sedation Policy.
- 1.3 Safety interventions warrant a period of observation after de-escalation to identify any emerging concerns. Clinical judgement should always be used but it is expected that a minimum of “continuous monitoring for 2 hours, with observations recorded every 30 minutes” will be acceptable.
- 1.4 Procedure flowcharts to be followed can be found on page 4-6. This will not replace good clinical judgement in individual situations or an appropriate risk assessment. Any member of staff considering using Clinical Holding and Safety Interventions must have objective reasons to justify this. In UK Law, a person is permitted to use justifiable, reasonable and proportionate force in a situation where there is an immediate risk to the CYP or other people nearby or significant harm to property.
- 1.5 For further definitions, please refer to the Policy.

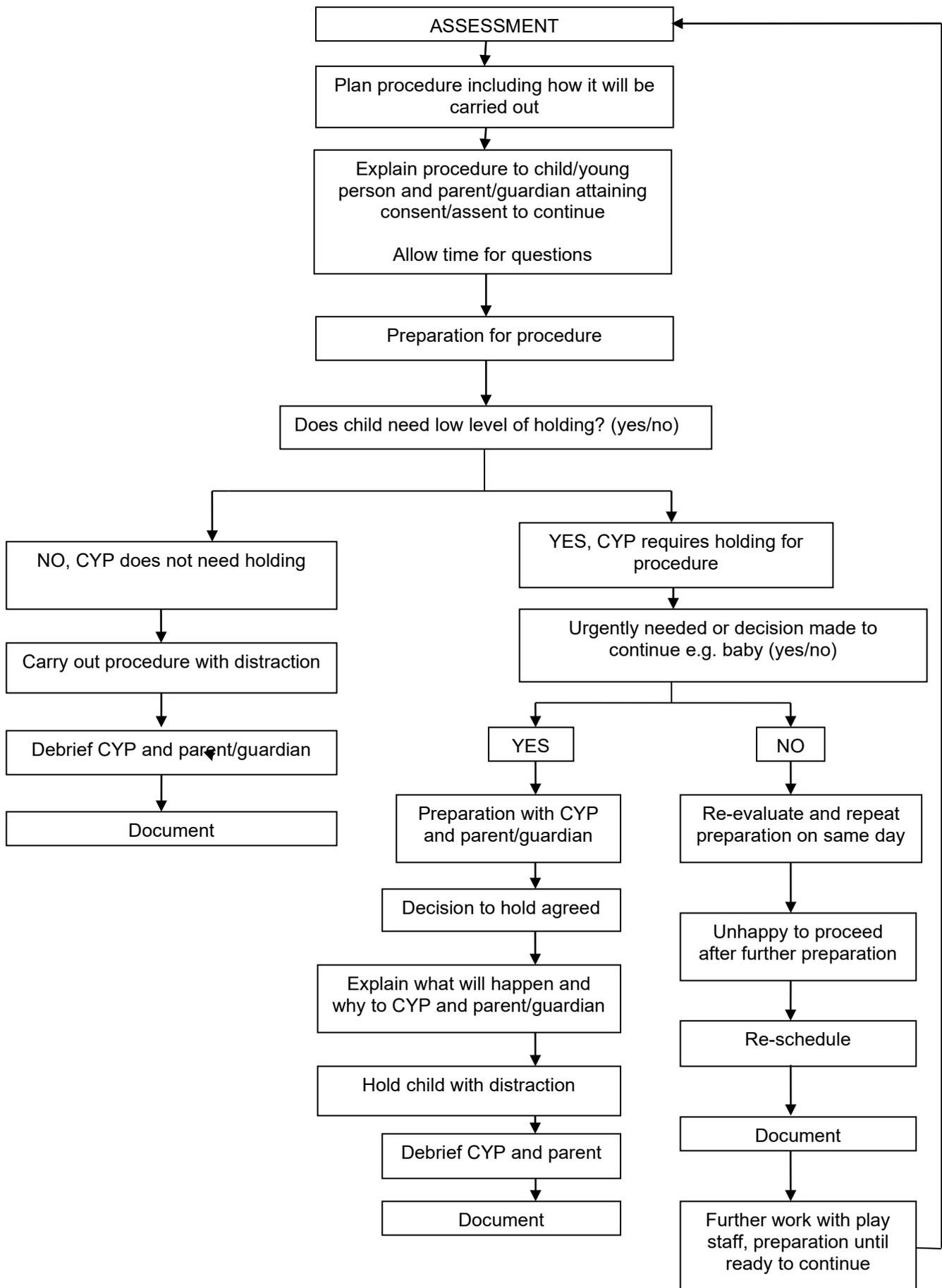
## **2 SCOPE**

- 2.1 This SOP is specifically aimed at staff involved in the care of CYP under the age of 18 years, under the care of Wrightington Wigan and Leigh NHS Foundation Trust. The principles are written to apply for use in all areas where CYP are cared for and applies to WWL staff and other outsourced staff working within the Trust.
- 2.2 Due consideration needs to be given to vulnerable young people who still access WWL services or are undergoing transition (Section 6 (4) of the Mental Capacity Act 2005 (aged 18 years or over)).

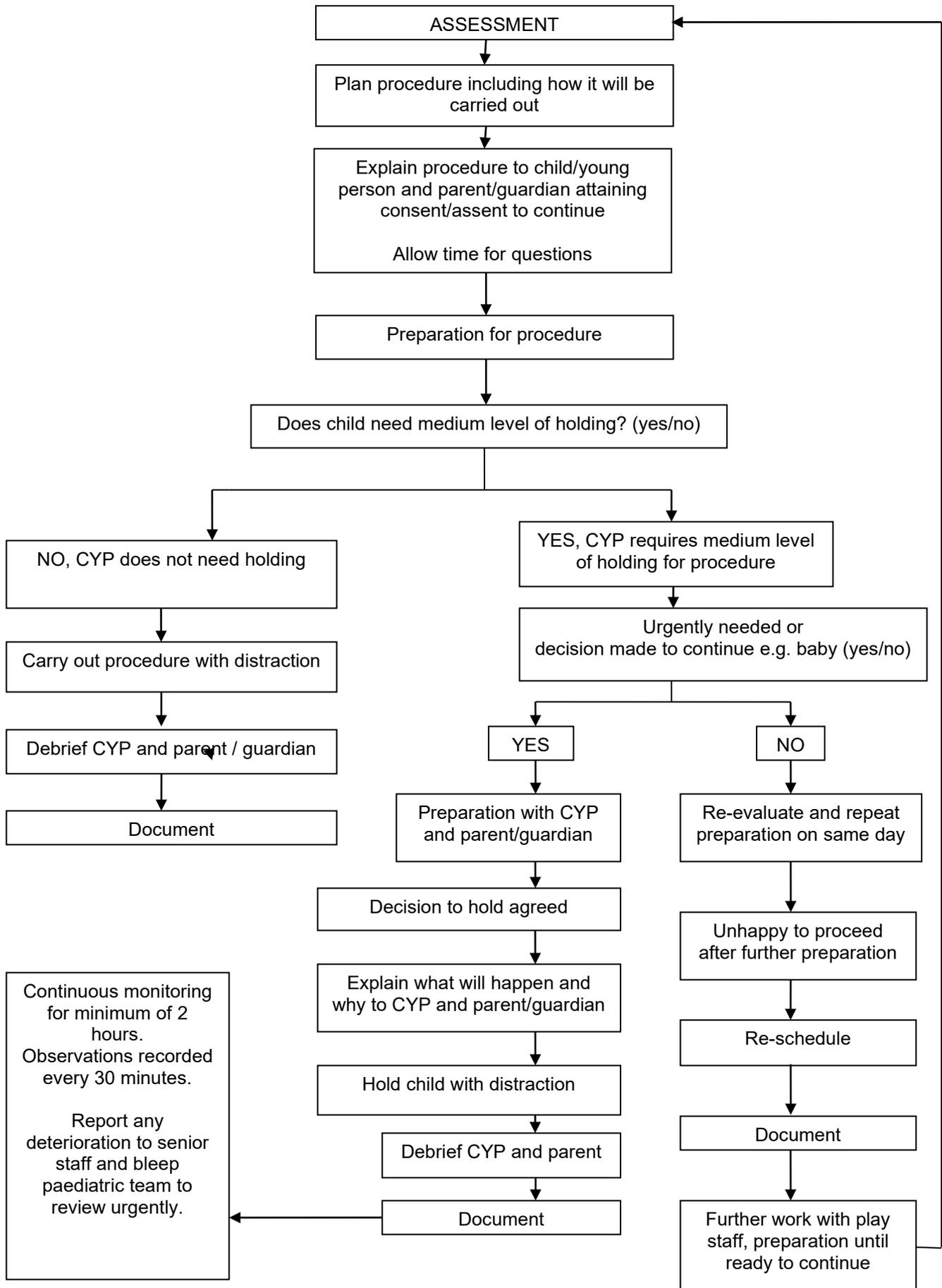
## **3 AIMS**

- 3.1 It is normal practice to “hold” a CYP for examination or treatment. The degree of force required to keep a CYP still for a procedure is directly linked to the individual’s size, developmental age and understanding. This, in turn, affects their compliance with a particular procedure. Where possible, preparation and distraction techniques will be used to affect a successful procedure without the need for Clinical Holding and Safety Interventions. It is acknowledged that there will be occasions when therapeutic holding or Clinical Holding and Safety Interventions is required. A risk assessment will take place to assess the need for and level of holding required. This SOP promotes a structured way to assess, plan and implement safe holding for children and young people. This will promote best practice and improve patient outcomes and satisfaction. A period of observation will reduce the risk and identify problems early in a situation where there is potential for unintentional harm to be caused by holding, e.g. airway compromise or secondary injury.
- 3.2 Clinical Holding and Safety Interventions are emotive subjects in any situation. This is heightened when the person needing Clinical Holding and Safety Interventions is a CYP. This SOP will promote best practice and improve patient outcomes and satisfaction. Specific techniques for Clinical Holding and Safety Interventions must only be used by people who are appropriately trained and competent in those techniques. The psychological and physical demands of in Clinical Holding and Safety Interventions cannot be fully addressed within this SOP however it is noted that all staff who are involved Clinical Holding and Safety Interventions should be supported through the normal channels of peer support, occupational health and staffside support. In any critical situation, a debrief should be considered.
- 3.3 A period of observation will reduce the risk and identify problems early in a situation where there is potential for unintentional harm to patients caused by holding, eg airway compromise or secondary injury.
- 3.3 All staff working with CYP patient groups should have appropriate certified training in Clinical holding and Safety Interventions. This will be in the form of Crisis Prevention Institute (CPI) 13 hours Foundation and 6 hours Clinical Holding Course.

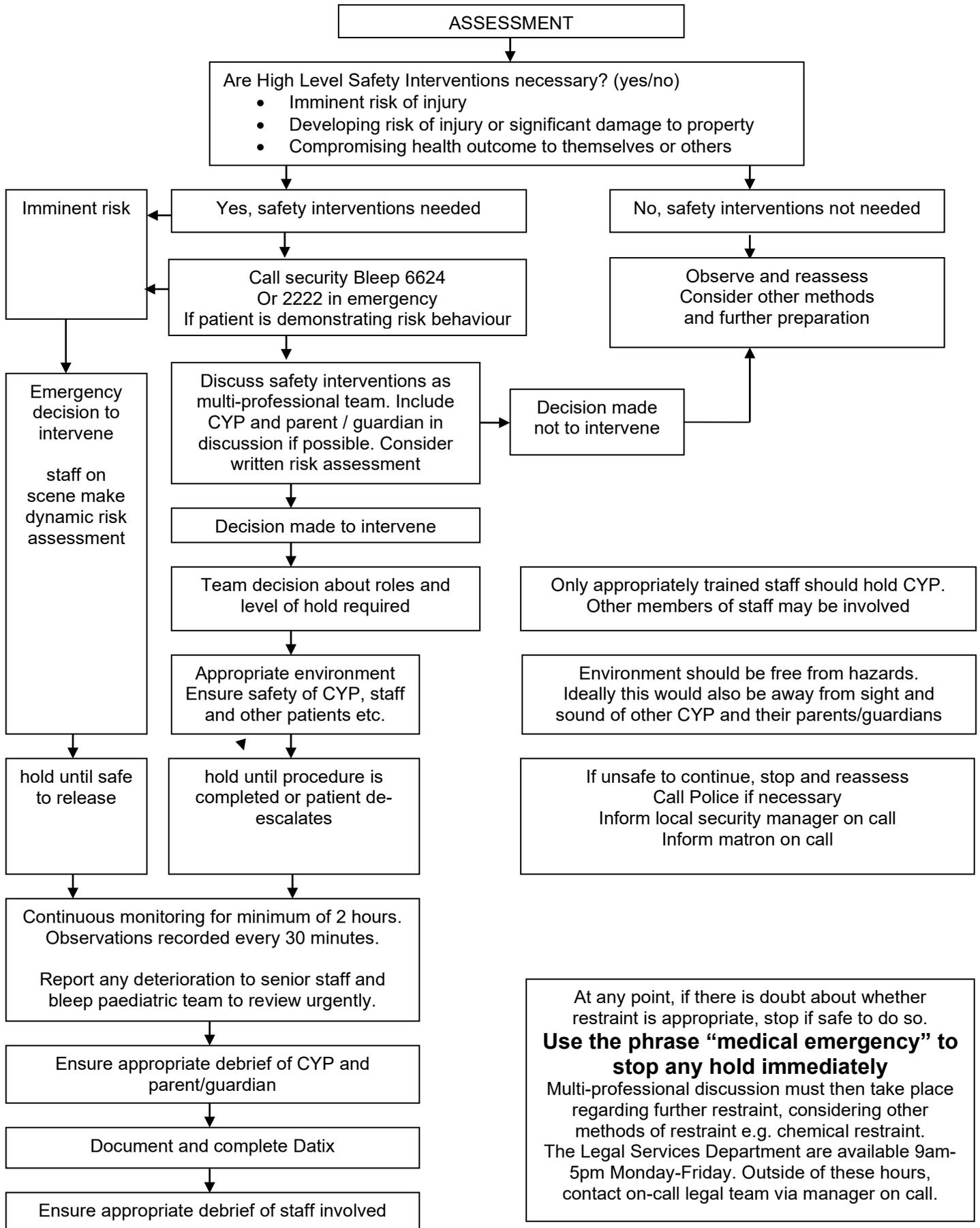
## PROCEDURE (LOW RISK ASSESSED)



## PROCEDURE (MEDIUM RISK ASSESSED)



## PROCEDURE (HIGH RISK ASSESSED)



## **5 Glossary of Terms Related to this SOP**

CPI – *Crisis Prevention Institute*

CYP – *Child / Young Person*

*Crisis Development Model – a CPI model relating to integrated experience. Identifying risk behaviours early (at anxiety/defensive level) may prevent escalation to risk behaviour. After an event, re-establishing rapport is essential once a patient reaches tension reduction.*

CPI – guiding philosophy – *CARE WELFARE SAFETY SECURITY*

*Trauma Informed Care – Safety, Choice, Transparency, Trustworthiness, Collaboration, Mutuality, Empowerment*

*Risk assessment – balancing likelihood vs severity – outcome is low, medium or high risk. This then transfers to the appropriate level of hold.*

*Hold – physical intervention with low, medium and high levels – see CPI handbooks for further information / pictures*

## **6 HUMAN RIGHTS ACT**

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

## **7 ACCESSIBILITY STATEMENT**

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 (3766) or email [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk)