Policy: H5SF
West London Forensic Services
Handcuffs Policy

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<th>H5SF / V01</th>
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<td>Trust Management Team</td>
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<td>11th September 2013</td>
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<tr>
<td>Title of Author:</td>
<td>Head of Women’s Forensic Services</td>
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<td>Director of Specialist and Forensic CSU</td>
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EIA / Sustainability

Implementation Plan

Monitoring Plan

Appended Below

Other Related Procedure or Documents:
### Equality & Diversity statement

The Trust strives to ensure its policies are accessible, appropriate and inclusive for all. Therefore all policies will be required to undergo an Equality Impact Assessment and will only be approved once this process has been completed.

### Sustainable Development Statement

The Trust aims to ensure its policies consider and minimise the sustainable development impacts of its activities. All policies are therefore required to undergo a Sustainable Development Impact Assessment to ensure that the financial, environmental and social implications have been considered. Policies will only be approved once this process has been completed.
# H5SF - Handcuffs Policy, Specialist & Forensics

## Version Control Sheet

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### H5SF – Handcuffs Policy, Specialist & Forensics

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1. **INTRODUCTION**

1.1 The aims of this policy are to provide information and guidance for staff concerning:

- the reasons for the use of handcuffs;
- the requirement for appropriate assessment and justification before their use; and
- their roles and responsibilities in relation to the use of handcuffs.

1.2 Handcuffs will be required for the maintenance of security and/or safety in certain circumstances when patients are being escorted outside a secure perimeter or transferred to another unit or establishment. The most common example is when there is a significant risk that a patient may attempt to abscond whilst escorted to an external appointment. Another is when there is a significant risk that a patient will attempt to cause harm while being escorted outside or being transferred. However, although the use of handcuffs is normally confined to secure external escorts and secure transfers, including transfers between different West London Forensic Service (WLFS) buildings, there may be exceptional circumstances which make their use justifiable and appropriate for internal transfers of patients between wards that are within the same building.

1.3 Despite the above points, it is important to note that the guiding principle is that patients will not have handcuffs applied routinely while being escorted or transferred. In order to adhere to this principle and to comply with relevant guidance and legislation, an individual risk assessment should take place before any use of handcuffs. These assessments should take into account the following points:

- the patient’s circumstances and background;
- her/his current and recent presentations;
- the circumstances and environment of the proposed trip outside a secure perimeter;
- risks to the safety of the patient;
- risks to the safety of the escorting staff;
- risks to the safety of other professionals;
- risks to the safety of the public.

1.4 Ordinarily those who undertake this assessment will be members of the patient’s multi-disciplinary team (MDT), including where possible, the person who will be the Lead Nurse for the secure escort and the person who will apply the handcuffs. (Further information about emergency situations is provided later in this document and in the Operational Security Procedure, Use of Handcuffs). The assessing members of staff should be satisfied that, acting in good faith, they have considered matters objectively and come to a decision that they
believe to be defensible should it be questioned or challenged.

1.5 For planned occasions when a patient will be escorted to a non-secure environment and there will be (or may be) a requirement to remove the handcuffs, there should be a management plan that addresses this in detail.

1.6 The Code of Practice for the Mental Health Act 1983 (currently 2008 version) makes no explicit mention of use of handcuffs, however, in paragraph it states that: ‘[m]echanical restraint is not a first-line response or standard means of managing disturbed or violent behaviour in acute mental health settings. Its use should be exceptional. If any forms of mechanical restraint are to be employed a clear policy should be in place governing their use’.

1.7 As outlined above, the use of handcuffs is not a standard method of managing disturbed or violent behaviour within WLFS. As the use of handcuffs undoubtedly constitutes a form of mechanical restraint, this policy is intended to satisfy the Code of Practice requirement for a policy governing handcuff use.

1.8 The application of handcuffs will be considered a use of force. This means that it must be justifiable, just as any use of force must be, in order 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 handcuffs to a patient must be a reasonable, necessary and proportionate intervention for each individual occasion.

1.9 The principal legal authority that is relevant to such instances stems from Section 3(1) Criminal Law Act 1967 and from Common Law (re: self defence and preventing a breach of the peace). The members of staff who escort a patient may use force in order to prevent crime and to stop a patient from becoming unlawfully at large. When secure transfers are undertaken, section 137 MHA 1983, ‘Provisions as to custody, conveyance and detention’, is also relevant. The members of staff who undertake a secure transfer may use reasonable force in order to stop a patient from escaping from legal custody.

1.10 Written confirmation of use of handcuffs should be completed on the relevant form, ‘Record of Use of Handcuffs’, which forms Appendix 1 of the Operational Security Procedure (OSP), Use of Handcuffs. This confirmation should be undertaken jointly by the Lead Nurse for the escort and the member of staff who applies the handcuffs. However, it is important that both understand their contributions to this.

1.11 As the application of handcuffs will be considered a use of force, the following points apply to the person who applies the handcuffs:

- she or he must be aware of all relevant facts, including the risk
assessment,
- she or he must believe the use of handcuffs to be appropriate and reasonable on that occasion.

These matters are essential because she or he is responsible for her/his actions.

1.12 **The Lead Nurse for the escort/transfer** has overall responsibility and accountability for the escort so:
- she or he must also be aware of all relevant facts, including the risk assessment,
- she or he must also believe the use of handcuffs to be appropriate and reasonable on that occasion.

1.13 **The person to whom the patient will be handcuffed** should be willing to undertake this role. Also,
- she or he must also be aware of all relevant facts, including the risk assessment,
- she or he must also believe the use of handcuffs to be appropriate and reasonable on that occasion.

1.13 This policy should be read in conjunction with the West London Forensic Service Operational Security Procedure (OSP), *Use of Handcuffs*.

2. **SCOPE**

This policy applies to all staff working clinically with patients, or involved in authorisation for/application of handcuffs in the West London Forensic Service.

3. **DUTIES**

3.1 **Chief Executive**

The Chief Executive is responsible for ensuring the Trust has appropriate policies in place and complies with its legal and regulatory obligations.

3.2 **Accountable Director**

The Executive Director for Specialist and Forensic Services is the responsible Director for this policy and has overall responsibility for ensuring that the security policy and practice within the West London Forensic Service adheres to legislative requirements and the Clinical Security Framework.
3.3 Multi Disciplinary Teams
As far as practicable, multi-disciplinary teams are responsible for discussing and planning leave (including secure escorts/transfers), and completing a risk assessment prior to the leave commencing. In relevant cases, the risk assessment will include consideration of whether or not use of handcuffs is appropriate.

3.4 The Clinical Security Department
The Clinical Security Department is responsible for the development, planning and delivery of handcuff training. This includes the maintenance of records regarding: course contents; dates and details of any changes that are made to course contents; and names and training dates of members of staff who have completed the training satisfactorily. Security Liaison Nurses (SLNs) also have responsibilities re: management and checking of handcuffs and keys. More information on these matters can be found in the WLFS OSP, *Use of Handcuffs*.

3.5 The escorting team of staff
3.5.1 When handcuffs are used to escort or transfer a patient the escorting team of staff will have at least 3 members. On almost all occasions a vehicle will be used, and when this is the case the team of 3 will not include the driver in its number. The OSP *Use of Handcuffs* provides further details concerning the responsibilities and roles of the members of staff.

3.5.2 All members of staff who make up the secure escort team must attend a briefing prior to escorting a patient in handcuffs. As far as practicable, the briefing should involve the Clinical Security Department. This can be done by contacting the relevant Security Liaison Nurse or the Clinical Security Department in advance and is to ensure consistency in the undertaking of secure escorts and transfers. Where it is not practicable to have someone from the Clinical Security Dept. involved, a briefing should still take place and include all members of staff who will form the escorting team. Even in the event of an unplanned/emergency escort the members of staff involved in escorting the patient should be made aware of the plan for the occasion and their roles and responsibilities. They must also know about basic safety procedures in the event that the pt becomes difficult to manage while attached to a member of staff.

3.5.3 As mentioned at 1.5 above, if there will be or may be a requirement to remove the handcuffs during the episode of leave there should be a management plan that addresses this in detail. When handcuffs are used (or might be used) for a prolonged period –such as an inpatient stay in a general hospital- the management plan must include regular reviews of the use of the handcuffs. The reviews will include reviewing use of escort chains if these have been used (e.g. for a patient admitted to a general hospital). The Lead Nurse for the escort will be responsible and accountable for ensuring reviews are undertaken and recorded clearly. As a guide, reviews should be undertaken at least
every day and when circumstances alter.

3.6 **Staff at the secure receptions**
Staff at the secure receptions will be responsible for issuing and receiving returned handcuffs, escort chains and keys. They will also be responsible for maintaining inventories of these.

4. **JUSTIFICATION OF THE USE OF HANDCUFFS**

4.1 As mentioned in Section 1 above, patients who are being escorted outside secure buildings will not have handcuffs applied routinely. An individual risk assessment should be undertaken in each case and this should lead to a professional, defensible decision being made. Any use of handcuffs must be justifiable.

4.2 As a guide for staff, the situations listed below may lead to decisions to use handcuffs.

4.2.1 Where it is assessed that the application of handcuffs is necessary to prevent the patient from trying to escape from our custody whilst outside a secure perimeter.

4.2.2 Where it is assessed that the application of handcuffs is necessary to prevent the patient from causing harm to others (e.g. escorting staff, members of the public) while being escorted or transferred.

4.2.3 Where it is assessed that the application of handcuffs is necessary to prevent the patient from causing harm to herself/himself while being escorted or transferred.

5. **USE OF HANDCUFFS FOR PLANNED LEAVE**

5.1 Relatively few episodes of leave within WLFS require *secure* escort/transfer arrangements and the use of handcuffs, but of those that do, a distinction can be made between ‘planned’ and ‘unplanned/emergency’ occasions.

5.2 Episodes of planned leave that require secure escorting arrangements will be subject to thorough and documented risk assessment before they go ahead. This includes attending medical treatment that is not considered to be ‘urgent’ or ‘an emergency’.

5.3 Generally, transfers that require secure arrangements will always be planned and not be emergencies so they too will be subject to thorough and documented risk assessment before they go ahead.

5.4 Both the decision to use handcuffs and the rationale for this should be documented clearly in the patient’s electronic record (RiO).

5.5 All relevant authorisation must be complete and available to the
escorting team of staff before the planned secure leave or secure transfer occurs. E.g. Appendix 1 form from OSP *Use of Handcuffs*, ‘Record of Use of Handcuffs in WLFS’; the management plan for the occasion when applicable; Section 17 form when applicable.

5.6 Patients who are subject to restriction orders also require suitable authorisation from the Ministry of Justice (MoJ) for leave.

5.6.1 If such leave has been granted in the past it must be checked whether or not the leave granted covers this particular episode. If it does not, or if the leave has since been revoked, further permission will be required.

5.6.2 For episodes of leave for medical treatment for restricted patients, MoJ document Annex B - *Medical leave application for restricted patients* - should be completed and submitted in advance.

5.6.3 If there is any doubt concerning MoJ authorisation the MoJ should be contacted before the leave takes place in order to clarify matters.

5.7 In cases of transfer of patients subject to restriction orders, a warrant for transfer will be required from the MoJ.

5.8 The escorting team of staff should see and check all relevant paperwork as part of their briefing and prior to taking the patient out of the secure perimeter. They should not escort a handcuffed patient outside the secure perimeter unless they are satisfied that all is in order and all arrangements are clear to them.

5.9 The use of handcuffs should be explained to the patient prior to the leave or transfer. Wherever possible, s/he should be involved in the plan.

5.10 If there are any concerns that discussing the plan with the patient will increase the risk of her/him attempting to abscond or cause harm during the leave, or that it might cause her/him distress, staff should agree to limit the information that they provide. Matters discussed with the patient should be recorded in electronic records (RiO) and the escorting team of staff must be made aware of what has and what has not been discussed with the patient.

5.11 During a planned secure escort in which handcuffs have been applied, they should only be removed if:

- their removal is stipulated for these circumstances on the management plan, or,
- in extreme circumstances, if there are clear grounds to justify this (e.g. if handcuffs are impeding essential examination or treatment).

The Lead Nurse for the escort will be responsible and accountable for the decisions and actions undertaken.
5.12 If neither of the above apply, but there appears to be a reason to remove the handcuffs, authorisation for their removal should be sought via telephone contact with a senior nurse (Senior Nurse, Duty Senior Nurse or Senior Nurse-on-Call) or someone in a more senior position than this.

5.13 Generally, handcuffs will not be removed during secure transfers. On arrival at the destination they should be removed only when in a secure part of the receiving unit/facility and following agreement with the receiving staff. In the event of extreme circumstances en route, if there were clear grounds to justify removal (e.g. if handcuffs were impeding essential examination or treatment) they could be removed. The Lead Nurse for the escort would be responsible and accountable for the decisions and actions undertaken.

5.14 If handcuffs have been removed during a secure escort or transfer, whether because this formed part of a management plan, following authorisation via the telephone or because of extreme circumstances, they should remain off only for as long as is necessary. The Lead Nurse for the escort will be responsible and accountable for the decisions and actions undertaken.

6. USE OF HANDCUFFS FOR UNPLANNED/EMERGENCY LEAVE

6.1 Unplanned secure transfers of patients to other units/facilities should not take place.

6.2 As a guide, unplanned leave that requires secure escorting arrangements and the use of handcuffs should not take place. However, in emergencies, such as when a patient who has no leave appears to require urgent or emergency medical treatment and this cannot be provided inside the relevant unit, secure escort should be facilitated.

6.3 As far as is practicable, an immediate risk assessment will be required prior to this unplanned/emergency leave so that suitable risk management arrangements can be put in place. E.g. use of handcuffs if indicated by the risk assessment, a suitable number of escorts, a secure vehicle if available.

6.4 As far as is practicable, the immediate risk assessment will be undertaken by the Nurse-in-Charge, the members of staff who will form the escort team and the Unit Co-ordinator. Wherever possible it should also be discussed with the Duty Senior Nurse or the Senior Nurse-on-Call. The outcome of this assessment, including the rationale, plus details of those involved must then be documented by the Unit Co-ordinator in her/his report and by the Nurse-in-Charge (or a delegated Registered Nurse) in the patient’s electronic record (RiO). The Duty
Senior Nurse or the Senior Nurse-on-Call should also make a record of her/his involvement.

6.5 This risk assessment must balance the apparent risk to the patient with the heightened risk posed by such unplanned leave e.g. risk of absconding, risk to the public, risk to the escorting members of staff.

6.6 In extreme cases, such as when a patient is unconscious or immobile, it may be inappropriate to use handcuffs but appropriate to take them. This is in case the circumstances alter and the patient regains full consciousness or mobility.

6.7 Staff should be aware that a minority of patients might feign ill health or harm themselves intentionally in order to be taken out of a secure environment.

6.8 During an unplanned secure escort/in which handcuffs have been applied, they should only be removed if there are clear grounds to justify this (e.g. if they are impeding essential medical examination or treatment). They should remain off only for as long as is necessary.

6.9 All relevant members of staff should be precise in recording the times and details of Contact and events: i.e. contents of discussions and subsequent decisions, times of handcuff removal and handcuff re-application etc.

6.10 If unplanned/emergency leave is required for a patient who is subject to a restriction order, MOJ authority should be obtained beforehand wherever possible. Where this is not practicable, the MoJ should be informed as soon as it is practicable. The Ministry should also be updated on the risk management arrangements and, when it takes place, the return of the patient to within the secure perimeter.

7. RECORDS OF USE OF HANDCUFFS

It is important that the exact times of events are recorded clearly and sequentially:

- the exact time at which the handcuffs were applied;
- the exact time the patient (with escorting staff) left the secure building;
- the exact time and place at which they were removed; and
- any other applications and removals that take place during the episode of secure leave or transfer.

7.2 The names of staff involved and the patient must be documented clearly as per requirements on the relevant paperwork.

7.3 When the secure escort/transfer has been completed the Lead Nurse for the escort is responsible and accountable for overseeing the
completion and then the distribution of copies of the form Record of Use of Handcuffs in WLFS (i.e. Appendix 1 from the OSP, Use of Handcuffs).

8. ISSUE AND RETURN OF HANDCUFFS

8.1 Staff at the relevant secure reception will issue the handcuffs and keys to a member of the escorting team, and maintain a record of this. They will also record the return of the items when the escorting team return them. Further information about this can be found in the OSP, Use of Handcuffs.

9. TRAINING

9.1 Training in the use of handcuffs and escort chains will be provided by the Safety and Security Department. In the event that relevant members of the Clinical Security Department cannot facilitate training due to sick leave or other absence, members of the wider Safety & Security department may cover training if available and trained to provide the training.

9.2 All staff whose role may include the use of handcuffs will be required to attend training and complete it by meeting the set criteria. Training updates /refreshers should be attended and completed (by meeting the set criteria) every 2 years.

9.3 If more than 2 years has lapsed for a member of staff, s/he will not be ‘live’ in relation to handcuff training. As far as practicable, members of staff who are no longer on the ‘live’ register should not apply handcuffs to a patient nor be handcuffed to a patient

9.4 Those who provide the training are required to maintain their skills via attendance and completion of trainers’ training.

10. MONITORING AND REVIEW

10.1 The Clinical Security Department produces a Use of Handcuffs report each month which provides details of when handcuffs have been used in the service. Reports are distributed to Service Directors and Senior Managers and to the Security Steering Group at its monthly meeting.

10.2 This policy will be reviewed every 3 years, or sooner where a need is identified. The Head of Safety and Security is responsible for ensuring the reviews are carried out. See full monitoring template at Appendix 1.

11. SUPPORTING DOCUMENTS/BIBLIOGRAPHY

Criminal Law Act 1967
Human Rights Act 1998  
Mental Health Act 1983 (amended 2007)  
MoJ form (Annex B), Medical Leave application for restricted patients  
R (on the application of Graham) v Secretary if State for Justice [2007]  
[This provides interesting insights into a ruling on whether or not the handcuffing of a prisoner who was escorted for hospital treatment could constitute an infringement of his rights under Article 3 of the European Convention on Human Rights. Article 3 forbids torture and inhuman or degrading treatment.]  
WLFS OSP 09 – Section 17 leave

12. GLOSSARY OF TERMS / ACRONYMS

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### Handcuff Policy West London Forensic Services

#### Monitoring and Review

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