

# Restraint and Restrictive Interventions Policy

**Sample policy template.** This is a Verivius-authored template based on recognised standards and the relevant regulations. Tenants adapt the operational sections to their own organisation. Where this template and the live regulation or standard diverge, the live source wins.

**Statutory anchor:** Regulation 13 (safeguarding from abuse and improper treatment, including disproportionate restraint), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936); the Mental Capacity Act 2005; the Human Rights Act 1998; and the recognised restraint-reduction training standards. **Primary source (Reg 13):** <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/13> **Last reviewed:** 2026-06-05  
**Verivius pack version:** v1.0, 2026-06-05

## 1. What the standards say

Regulation 13 prohibits the use of restraint that is not necessary to prevent, or is not a proportionate response to, a risk of harm. Restraint engages a person's rights under the Human Rights Act 1998, and where a person lacks capacity it engages the Mental Capacity Act 2005. The recognised position is that restraint is a last resort, used only to prevent harm, for the shortest time, in the least restrictive way, and never to punish or for staff convenience.

The Service must verify this policy against current restraint-reduction standards (for example the Restraint Reduction Network training standards) and the relevant regulations before adoption.

## 2. Plain British summary

Restraint means stopping or restricting what a person does against their will, or using force. It can be physical, mechanical, chemical (medicine used to control behaviour), or environmental (for example locking a door). It is only ever acceptable to prevent harm, when it is necessary and proportionate, when there is no less restrictive option, for the shortest possible time, and within the law. The first response is always de-escalation. Every use of restraint is recorded, reviewed, and learned from.

## 3. Scope

This policy applies to:

- every form of restraint or restrictive intervention the Service might use
- everyone the Service supports, with particular care for people with a learning disability or autism, for whom the risks of restraint are higher
- the staff authorised to use, and the managers who oversee, restrictive interventions

(Tenant updates the scope to fit its own service.)

## 4. The Service's commitment

The Service is committed to the least restrictive practice and to preserving people's human rights. It works to reduce and, wherever possible, eliminate restrictive interventions through positive behaviour support (see the positive behaviour support policy). Restraint is never used as a punishment, for the convenience of staff, or in place of adequate staffing or care planning.

## 5. Definitions

The Service recognises restraint in all its forms, and distinguishes it from ordinary, agreed support:

- **Physical restraint:** any direct physical contact that restricts or subdues a person's movement.
- **Mechanical restraint:** the use of a device to restrict movement.
- **Chemical restraint:** the use of medication to control or subdue behaviour, rather than to treat a diagnosed condition.
- **Environmental restraint:** restricting access to a person's surroundings, for example locking doors or removing aids.
- **General restriction** (such as an agreed, consented part of care) is not restraint; the difference is whether the person agrees and is free to change their mind.

## 6. Roles and responsibilities

- **Registered Manager:** accountable for the lawful, proportionate use of restraint, reviews every use, and drives reduction.
- The **roles** authorised to apply and manage restraint are defined (for example the senior care worker or nurse on shift), **by role, not by naming individuals**.
- **All staff** prioritise de-escalation, use restraint only within their training and this policy, and report and record every use.

(Tenant defines the authorised roles to fit its own service.)

## 7. The legal framework: necessity, proportionality and last resort

A restrictive intervention is lawful only where it is:

- **necessary** to prevent harm to the person or to others
- a **proportionate** response to the likelihood and seriousness of that harm
- the **least restrictive** option that will work
- a **last resort**, after de-escalation has been tried or is clearly not safe

Where the person lacks capacity for the decision, the Service follows the Mental Capacity Act, makes a best-interests decision, and, where the restriction may amount to a deprivation of liberty, seeks lawful authority (see the consent policy).

## 8. Implementation

- staff use only approved techniques from a recognised, certified training provider
- a person's physical and psychological wellbeing is monitored throughout any physical intervention, and the intervention stops as soon as the risk of harm has passed
- restraint is kept to the shortest time, within any time limits the technique and the person's safety allow
- prone (face-down) restraint and any technique that restricts breathing are avoided, in line with current standards

## 9. After any use of restraint

- the person is supported and checked for injury or distress, and medical help is sought where needed
- staff and, where appropriate, the person are offered a debrief
- the incident is recorded in full and analysed under the incident-reporting policy, and a safeguarding referral and a statutory notification are made where the threshold is met
- the person's care plan and positive behaviour support plan are reviewed and updated to reduce the chance of it happening again

## 10. Training requirement

- staff who may use restraint complete training in de-escalation and in safe restraint, from a recognised, certified provider, before they use any technique, and are refreshed on the required cadence
- training prioritises prevention and de-escalation over physical intervention
- the Service records who is trained and competent, and the next refresher date

## 11. Audit

The Service checks, on a stated cadence, that:

- every use of restraint was necessary, proportionate, the least restrictive option, and a last resort, and was recorded
- de-escalation was tried first, and the use of restraint is reducing over time
- staff are trained by a certified provider and are in date
- post-incident reviews happened and care plans were updated, and any safeguarding or notification thresholds were met

Audit findings are recorded in the tenant's audit register; actions are logged in the improvement-actions register.

## 12. Record-keeping

Restraint records (each use, the justification, the monitoring, the debrief, the review, and any referral or notification) are held as part of the person's care record for the period the NHS Code of Practice on Records Management sets, and securely.

Verivius preserves the per-record audit trail indefinitely while the workspace is active.

## 13. Related policies in this pack

- Positive Behaviour Support Policy ( [positive-behaviour-support-policy](#) )
- Safeguarding Adults Policy ( [safeguarding-adults-policy](#) )
- Consent Policy ( [consent-policy](#) )

## 14. Document control

Version	Date	Author	Changes
v1.0	2026-06-05	Verivius (sample)	New template authored to CQC's "what to include" for a restraint policy: a least-restrictive, human-rights policy statement; clear definitions of physical, mechanical, chemical and environmental restraint versus general restriction; the necessity, proportionality and last-resort legal framework; roles authorised by role not by named individual (the CQC red flag); MCA best-interests alignment; implementation guidance on approved techniques, wellbeing monitoring and time limits; post-incident debrief, analysis and care-plan update; and mandatory de-escalation and safe-restraint training from a certified provider, prioritising de-escalation.

This sample policy template was issued by Verivius. It is a template, not a substitute for legal advice or the tenant's own policy-development process. Where this template and the live regulation or standard diverge, the live source wins.

---

An example for guidance, not a ready-to-use policy. This sample is deliberately generic and is not a finished policy. Before any service uses it, rewrite it around your own service, procedures, roles and local arrangements, and remove or replace anything you cannot actually provide (for example a reference to specific training you cannot access). It is guidance, not legal advice, and you are responsible for ensuring any policy you adopt is current.