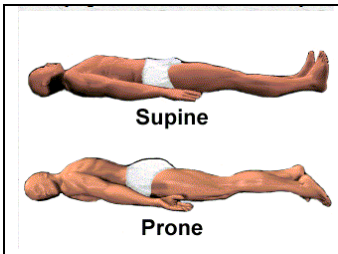
Health
South Eastern Sydney
Local Health District

MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/014

Name	Prone Restraint Restriction for the Mental Health Service (MHS)		
What it is	It is a business rule to restrict the length of time physical restraint is used in the prone position.		
Risk Rating	Medium	**Review Date**	June 2027
What it is not	It is not a guide to care planning for the prevention, early intervention and management of a range of behavioural responses experienced by consumers. This document does not guide when and how to use restraint.		
The Patient Safety Program context	The SESLHD MHS, aims to systematically reduce the harm experienced by people receiving care. Least Restrictive Practice and harm minimisation through prevention and early intervention approaches, routine debriefing and the development of both infrastructure and culture to support restraint reduction initiatives is a focus for the SESLHD MHS.		
Who it applies to	This business rule applies to all SESLHD staff involved in the physical restraint of consumers within mental health facilities.		
Who it does not apply to	Restraint should be avoided for the following consumer groups: • Obesity and/or bariatric conditions • Pregnancy. If unavoidable place a pillow under the right hip. • Recent surgery • Airway or pulmonary disease (including sleep apnoea) or any other conditions potentially affecting breathing • Older adults, frailty or weakness • Known musculoskeletal injury or pathologies, including osteoporosis or recent fractures • Known nerve injuries or pathologies, sensory or motor deficits affecting mobility, balance or stretch • Known cardiopulmonary pathology including angina, ischaemic heart disease, chronic obstructive airways disease or emphysema • Cognitive impairment eg brain injury, intoxication. • People with a disability		
Definitions **Psych emergency**	**Prone:** "Denoting the position of the body when lying face downward." (Stedman's Medical Dictionary for the Health Professions and Nursing 7th edition. p.1375). **Supine:** Denoting the body when lying face upward; opposite of prone. (Stedman's Medical Dictionary for the Health Professions and Nursing 7th edition. p.1624). **Psychiatric emergency:**		

	An acute clinical presentation relating to a disturbance in thought, mood or behaviour. The presentation is beyond the resources of the immediate clinical staff in a mental health setting. It is an extreme, time critical situation which may arise when a consumer's presentation results in them being unmanageable. They may be unable to cooperate with treatment, be at serious risk of extreme distress, physical harm or damage to either themselves or others. Immediate intervention is required to prevent injury, damage or distress. All available on call and on duty staff should be called to attend.
Background	NSW Ministry of Health Policy PD2020_004 - Seclusion and Restraint in NSW Health Settings identifies that the prone restraint position can cause a significantly increased risk of harm to a person. There have been instances of sudden death, often associated with the administration of parenteral medication while in prone restraint. Staff should avoid prone restraint. Safety Notice 006/23 Use of Prone Restraint and Parenteral Medication in Healthcare Settings must be followed whenever a prone restraint is used.
Special considerations	Recognising that while the use of restraint as a last resort may be necessary to keep people safe, it can also be traumatic and harmful for staff, people accessing services, carers & families and must be minimised. Pay particular attention to: • Culturally and linguistic diversity • Aboriginal and Torres Strait Islanders • The impact of trauma • Children and young people • Refugees • LGBTQIA+ people • People who are at risk of self-harm or suicide • Staff at risk of vicarious trauma
Time limitation	• The prone position should be avoided if possible. When the use of the prone position is unavoidable, the period that someone is restrained should be minimised. • Whenever a consumer is held (face down) in the prone position, the maximum period of continuous prone restraint **should NOT exceed three minutes.** Beyond this the patient can become physiologically compromised. • Prone restraint should be ceased as soon as possible where it is safe to do so or following the necessary intervention for example medication administration. • In the extraordinary situation where a prone restraint exceeds three minutes, extreme caution should be used to ensure maintenance of physiological monitoring, with a low threshold for medical emergency activation as per SESLHDPR/697 Management of the Deteriorating ADULT inpatient (excluding maternity) and SESLHDPR/705 Management of the deteriorating MATERNITY woman.

	• A Medical officer is to be contacted for further advice if the prone restraint is approaching or has exceeded three minutes (where possible to attend) or in any other circumstance where staff are concerned about the prone restraint.
When to use it	When least restrictive care interventions including de-escalation and sensory modalities have been unsuccessful. When safe to do so, consider the use of restraint holds other than prone or supine. Walking or seated restraints are an option. Ensure the environment has suitable alternatives which may include stable lounge chairs with no arms placed against a wall. In the extraordinary event involving a consumer exhibiting highly combative behaviour, when there is extreme and immediate risk to staff and consumer and there is a breach, or potential breach, of the three minute time frame. In any situation where prone restraint is used. If you place a consumer in the prone restraint position and the time limit has or is likely to be exceeded, contact the Medical Officer to attend if possible when on site or to advise through consultation.
Routine Restraint Reporting	All occasions of consumer restraint are to be reported in the Incident Management System (IMS+) and the seclusion and restraint register, including a description of the event and the duration of restraint.
Extraordinary Event Reporting	When the period of continuous prone restraint breaches the maximum three minute time frame, this is reportable to the General Manager SESLHD MHS. An “Incident Briefing to General Manager” should be submitted by the next working day, using the SESLHD Mental Health Incident Briefing to General Manager Template and is to be forwarded to the General Manager SESLHD MHS via the site’s MH Service Director. The Briefing should provide details of the psychiatric emergency response process, including physiological consumer monitoring (ie airways and breathing).
Physiological Monitoring	A senior nurse or medical officer should be responsible for ensuring the consumer’s airway, breathing, circulation and level of consciousness are not compromised during any prone restraint; monitoring vital signs and; coordinating any emergency physical response that may be necessary. Vigilance for early signs of oxygen deprivation, respiratory or cardiac distress/arrest. The use of electronic monitoring is recommended, however, where this is not possible, constant visual monitoring for signs of physical compromise is required. Where signs of physical compromise are evident or suspected, the consumer should be moved out of the prone position immediately and a medical emergency response should be initiated.
Staff Safety	Employing any type of physical restraint may lead to injury (both physical and psychological) to staff and research has found that injuries to staff and others decline as a result of restraint reduction. This business rule aims to promote staff

	and consumer safety through a consistent standard of care in situations where the high risk practice of prone restraint is unavoidable.
Why the rule is necessary	Following a comprehensive national restraint practice assessment, SESLHD MHS recognised (in certain instances where other approaches are not practicable) that prone restraint may present the only intervention capable of protecting the consumer or others from serious harm. SESLHD MHS recognises there are inherent risks in placing a person in a face-down prone position but accepts that there may be occasions when it is necessary to do so, noting that the longer a consumer is held in a face-down position, the greater the risk of an adverse outcome.
Who is responsible	All staff who have attended the Safe Physical Intervention Training (VPM).
Ministry of Health / SESLHD reference	**NSW Ministry of Health Reference** • PD2020_004 - Seclusion and Restraint in NSW Health Settings • Safety Notice 006/23 Use of Prone Restraint and Parenteral Medication in Healthcare Settings • Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies **SESLHD References** • SESLHDPR/697 - Management of the Deteriorating ADULT inpatient (excluding maternity) • SESLHDPR/705 - Management of the deteriorating MATERNITY woman • SESLHDGL/082 - Clinical Risk Assessment and Management - Mental Health • SESLHDPR/595 - Emergency Sedation Procedure – Acute Inpatient Mental Health Units • SESLHDPR/615 - Engagement and Observation in Mental Health Inpatient Units Procedure **Other References** • Nation Safety and Quality Health Service (NSQHS) Second Edition: Standard 1 Governance, leadership and culture (1.1, 1.3, 1.6, 1.7, 1.9, 1.11, 1.15, 1.30) • National Safety and Quality Health Service (NSQHS) Second Edition: Standard 5 Comprehensive Care Standard (5.33, 5.34, 5.35)
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Version and Approval History

Date	Version Number	Author and approval notes
June 2015	Revision 4v4	Endorsed by SESLHD MHS Clinical Council.
June 2016	Revision 5v1	Document reviewed by SESLHD MHS Policy Officer: Change in Risk Rating from Extreme to High; Addition of

		statement re Patient Safety Program; Updated references.
July 2016	Revision 5v2	Addition of reference to trauma as per PD2012_035, and addition of Intellectual Disability to patient modal groups for whom prone restraint is imprudent, following advice from SESLHD MHS Intellectual Disability Clinical Coordinator. Addition of 'supine' definition to match accompanying images, following advice from STG/TSH MHS Quality Manager.
July 2016	Revision 5v2	Endorsed by MHS Clinical Council.
August 2016	Revision 5v3	Document published.
May 2018	5	Risk rating changed from High to Medium – approved by Executive Sponsor.
June 2019	6.0	Reviewed by Policy & Document Development Officer Reviewed by Clinical Risk Manager - minor changes made Circulated to DDCC for feedback - nil changes received
July 2019	6.1	Incorporates feedback from DDCC
August 2019	6.1	Minor review. Removed mandatory SIB and corrects it with mandatory RIB. Approved by the Executive Sponsor. Endorsed by SESLHD MHS DDCC. Endorsed by SESLHD MHS Clinical Council. Published by Executive Services.
May 2020	6.1	Updated links to document SESLHDPR/283 to reflect the new title of the document. Published by Executive Services.
September 2020	6.2	Updated to comply with NSW Health PD2020_004 Seclusion and Restraint in NSW Health Settings
October 2020	6.3	Reviewed by DDCC – further changes to reporting requirements/processes *Extraordinary Event Reporting* updated.
November 2020	6.4	Endorsed SESLHD MHS Document Development and Control Committee Endorsed SESLHD MHS Clinical Council
May 2021	6.4	Approved by Executive Sponsor.
December 2023	6.5	Review and update. SESLHD MHS Document Development and Control Committee
May 2024	6.5	Endorsed by DDCC and Clinical Council
5 June 2024	6.5	Document published.