SESLHD GUIDELINE COVER SHEET

NAME OF DOCUMENT	Restraint Definition Guideline Scenarios – Physical Restraint – Mental Health Service
TYPE OF DOCUMENT	GUIDELINE
DOCUMENT NUMBER	SESLHDGL/079
DATE OF PUBLICATION	June 2024
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards Second Edition: Standard 1 Clinical Governance Standard 2 Partnering with Consumers Standard 5 Comprehensive Care PD2020_004 - Seclusion and Restraint in NSW Health Settings
REVIEW DATE	June 2027
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	General Manager, SESLHD Mental Health Service
AUTHOR	Governance and Clinical Risk Manager SESLHD Mental Health Service
POSITION RESPONSIBLE FOR DOCUMENT	Policy & Document Development Officer, Mental Health Service SESLHD-MentalHealth-PoliciesandDocuments@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Restraint, definitions, scenarios
SUMMARY	To provide Mental Health staff with a guide to appropriate classification of Physical restraint, that both complies with the NSW Health definition of Restraint PD2020_004 - Seclusion and Restraint in NSW Health Settings and appropriately differentiates between physical restraint and general support and assistance to a consumer.

Contents

Section 1 – Background

The intention of this guideline is to support the NSW Health definition of restraint, to assist Mental Health staff in their decision making, and to promote a consistent interpretation of physical restraint across all the SESLHD Mental Health Services (MHS).

This guideline is not meant to be a comprehensive Guideline of Restraint, and only refers to Physical Restraint definitions and scenarios.

Restrictive practices, such as physical restraint, are often experienced by consumers as traumatic, and consumers with a history of trauma are especially vulnerable to the negative effects of physical restraint.

Continued reduction in the use of all types of restraint has been identified as a high priority for Mental Health Services (NSW Ministry of Health Policy Directive PD2020_004 - Seclusion and Restraint in NSW Health Settings and Review of Seclusion, Restraint and Observation of Consumers with a Mental Health Illness in NSW Health Facilities 2017).

Clarity of definition of what constitutes physical restraint is a prerequisite for consistent reporting and monitoring.

References

PD2020_004 - Seclusion and Restraint in NSW Health Settings

Review of Seclusion, Restraint and Observation of Consumers with a Mental Health Illness in NSW Health Facilities 2017

Section 2 – Definition

The NSW Health Definition of Physical Restraint in PD2020_004 - Seclusion and Restraint in NSW Health Settings refers to:

Physical Restraint:
The application by staff of 'hands on' immobilisation or the physical restriction of a person to prevent them from harming themselves or endangering others, or to ensure that essential medical treatment can be provided.

Additional notes associated with the above definition highlight that:

While restraint is often used when people exhibit ASBD [acute severe behavioural disturbances], the definition also includes the use of physical restraint while administering medical procedures (e.g. blood tests) and to facilitate some treatments (e.g. inserting nasogastric tubes, anaesthetics, intubation).

The aim of these definitions is to distinguish between physical restraint and assisting a person.

Section 3 – Principles

This guideline is associated with, and supports, the NSW Health definition of physical restraint, and introduces restraint scenarios to suggest what may be, or may not be, considered as physical restraint.

SESLHD MHS Guideline
(Associated with the NSW Health Definition of Physical Restraint: From SESLHD Mental Health Service working group 2018):

> The skilled hands-on immobilisation or physical restriction of a consumer, with the intention to restrict the consumer's voluntary movement, or behaviour, for any reason. Restraint is not simply touching, it is a situation in which staff would not let go if the consumer offered resistance.

General Principles of Restraint:

- The safety and wellbeing of the consumer, staff and others is paramount
- The restraint is used for urgent intervention only, where all other interventions have been tried, considered and excluded
- Restraint used must be the least restrictive to ensure safety
- Restraint is used for the minimum period of time required
- The consumer is closely reviewed and monitored so that any deterioration in their physical condition is noted and managed promptly and appropriately.

SESLHD MHS Physical Restraint Scenarios

1 Consumer refuses to take any medication. There is a concern of risk of aggression. Two staff members escort the consumer, one arm held each, to walk the consumer to an area (bedroom or special care area) for medication. There is a level of resistance exerted by the consumer (refused medication, is not walking on their own) whilst staff members are actually moving them to a safe area. **This is defined as a restraint** as the consumer is held, and staff members would not let go if the consumer offered resistance.

2 Consumer is in a general area and needs to be moved to the observation area where their bed is allocated. The consumer refuses to walk to the observation area. Staff have noted a change in their presentation, presenting a risk that cannot be managed in the general area. The staff lay hands on the consumer and escort them over to the observation area. Once the consumer is in the observation area, the staff members remove their hands from the consumer. This is defined as a restraint as the consumer is held, and staff members would not let go until the consumer was inside the observation area. **This is defined as a restraint**, as the consumer cannot move away if they wished to.

3 (a) Consumer is sitting distressed, having blood taken. Staff members need to hold the consumer's arm while the blood is being taken, and the consumer cannot move away. **This is defined as a restraint**, as the consumer cannot move away if they wished to.

(b) Consumer is sitting distressed, having bloods taken. Staff member(s) place their hand on the consumer to ensure their arm is stable for blood taking, and to reassure the consumer, but the consumer could move away if they wished to. **This is <u>not</u> defined as a restraint**, as the consumer can move away if they wished to.

4 Consumer is delirious with a deterioration in their physical state due to their venous leg ulcer. The consumer is refusing any treatment for the leg due to their mental health symptoms and subsequent lack of capacity. Where a case such as this is presented before the tribunal to instigate treatment, should the staff hold the consumer's arms whilst the legs are treated and re-bandaged. This is considered a restraint.

5 Consumer is required to have an injection, (giving IMI can mean the consumer refused oral medication) and the **consumer is not resisting** the injection**.** Staff member(s) place their hands on the consumer in case of a sudden movement, for the safety of the consumer (during injection), the staff (needle stick injury) and to reassure the consumer. **This is <u>not</u> defined as a restraint** if the consumer can move away if they wished to.

Section 4 – Responsibilities

All Mental Health Managers are responsible for:

Ensuring that Mental Health staff members are made aware that this is a guideline only and it is intended to provide support to Mental Health staff members in their decision making associated with definitions of physical restraint.

References

- PD2020_004 - Seclusion and Restraint in NSW Health Settings
- Review of Seclusion, Restraint and Observation of Consumers with a Mental Health Illness in NSW Health Facilities 2017

Version and Approval History

Date:	Version no:	Author and approval notes
May 2019	0.1	Nicola DiMichiel, Clinical Risk Manager, SESLHD MHS
May 2019	0.1	Circulated to DDCC for review and broader dissemination
June 2019	0.1	No feedback received Endorsed by SESLHD MHS DDCC
July 2019	0.1	Endorsed by SESHD MHS Clinical Council
August 2019	0.1	Draft for comment period Returned for refinement
August 2019	0.2	Document amended to clarify that it is specific to Mental Health Service staff
September 2019	0.3	Amendments approved by DDCC. Clinical Council endorsement not required. Executive Sponsor endorsement given for submission to Executive Services for progression.
September 2019	0.3	Processed by Executive Services before submission to Clinical and Quality Council for approval prior to publishing.
October 2019	0.3	Approved by Clinical and Quality Council and published.
September 2020	1.0	Reviewed by working party to ensure alignment with PD2020_004 Seclusion and Restraint in NSW Health Settings
September 2020	1.1	Further review by author in which language was updated as PD2020_004 no longer refers to “Manual Restraint” instead refers to “Physical Restraint”
November 2020	1.1	Endorsed SESLHD MHS Document Development and Control Committee Endorsed SESLHD MHS Clinical Council
May 2021	1.1	Approved by Executive Sponsor.
December 2024	1.2	Review of scenarios to align with current practices.
April 2024	1.2	Reviewed by DDCC. Endorsed out-of-session.
May 2024	1.2	Reviewed by Clinical Council – endorsed out of session.
5 June 2024	1.2	Document published.