Chief Psychiatrist Standard: Compliance is mandatory

Restraint and Seclusion Application and Observation Requirements Chief Psychiatrist Standard

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Compliance with this Chief Psychiatrist Standard is mandated under section 90 of the *Mental Health Act 2009*.

Summary	The Restraint and Seclusion Application and Observation Requirements Chief Psychiatrist Standard outlines the requirements of health services to implement observation standards in relation to restraint and seclusion use, consistent with local, national and international best practice.
Keywords	Restraint, Seclusion, Observation, Application, Best Practice, Chief Psychiatrist Standard, Physical Restraint, Chemical Restraint
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Staff impacted	*All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology*
EPAS compatible	*Yes*
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Restraint and Seclusion Application and Observation

Chief Psychiatrist Standard

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30/07/2015	V.1	Minister for Mental Health and Substance Abuse	Minister Approved Version

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Restraint and Seclusion Application and Observation Chief Psychiatrist Standard

1. Objective

The Mental Health Act 2009 (the Act) contains specific provisions for the Chief Psychiatrist to ensure there is an improvement in the care provided for mental health consumers. Sections 90(1)(a) and (b) of the Act require the Chief Psychiatrist to promote continuous improvement to the delivery of mental health services and to monitor the use of mechanical body restraints and seclusion in relation to voluntary and involuntary patients.

The purpose of this Standard is to outline the requirements of health services to implement observation standards in relation to restraint and seclusion use, consistent with local, national and international best practice.

2. Scope

This Standard applies to all SA Health, Mental Health Service settings and is relevant to all SA Health staff providing services to people with an experience of mental illness and their support person/s across the age spectrum.

3. Principles

The Act contains a set of Guiding Principles which are designed to provide guidance to everyone involved in the administration of the Act. These principles should assist health professionals in decision-making and undertaking actions.

The observation of consumers being restrained or secluded is guided by sections 7(1)(b), (h) and (g) of the Act which require that services should be provided on a voluntary basis as far as possible and in the least restrictive way and environment; mechanical body restraints and seclusion must only be used as a last resort; and medication should not be used as punishment or for the convenience of others.

4. Detail

4.1 At every documentation point (see points **4.5 4.6 4.7** below), the consumer should be offered food, fluids and access to toilet facilities and this noted on the observation chart.

4.2 Medical review is required for all types of restraint within the first hour then at least every 4 hours. This does not preclude the need for urgent or more frequent review as indicated.

4.3 The relevant Consultant Psychiatrist must be informed of any incident of restraint or seclusion lasting more than 4 hours and a face to face review by the Consultant Psychiatrist is to be completed at 8 hours.

4.4 Documentation of every incident as per the Seclusion and Restraint – recording and reporting Standard.

4.5 Physical restraint

4.5.1 Prone restraint is to be avoided.

4.5.2 One staff member to maintain verbal communication with the consumer and provide continuous observation of the person including notation of respirations and facial colour.

4.5.3 For any physical restraint lasting longer than 15 minutes - 15 minutely pulse, respirations and pulse oximetry with notation of facial colour. Urgent medical review is indicated if there is a change in the person's responsiveness or level of consciousness.

4.6 Mechanical restraint

4.6.1 Continuous 1:1 observation.

4.6.2 Notation of colour, warmth, sensation and movement of limbs every 15 minutes for first hour then hourly thereafter.

4.6.3 Release of the restraints every hour to allow movement and prevent muscle deterioration. This is to be done one limb at a time if release of all is not possible and assessment of potential to remove all restraints.

4.6.4 In the case of geriatric or psychogeriatric patients, individual assessment may lead to reduction in frequency of observation if the type of mechanical restraint is not shackles however minimum release time is 4 hours.

4.7 Seclusion

4.7.1 Continuous observation for the period of the seclusion with 15 minute documentation of behaviour.

4.7.2 Observation is from within a point adjacent to the room that the patient is in and is not permitted to be done using CCTV.

4.7.3 Each documentation point is to include an assessment to determine if the seclusion can be ceased

5. Roles and Responsibilities

5.1 Health services staff

It is the responsibility of health service staff involved in the care of people with a mental illness to:

- Comply with the requirements of this Standard.
- Utilise prevention strategies to avoid the use of restraint or seclusion where ever possible.
- Attempt to implement preventative/distraction / diversionary strategies prior to using medication, restraint or seclusion to control behaviour.
- Complete the observations required under this standard for any mental health consumer who is restrained or secluded.
- Ensure an assessment to determine the appropriate, least restrictive means for the individual circumstances is conducted prior to the application of any restrictive practice.

- Ensure that persons applying a mechanical restraint have completed training in the application of the device being used.
- Ensure a record of restraint and seclusion incidents, including the name, age, gender, ethnicity, diagnosis, type of restraint used, time applied and removed, attempted preventative interventions, medical reviews, direct visual observations, post incident follow up and any other relevant documentation is completed.
- Ensure that every assessment while in restraint or seclusion includes a determination of whether the restraint or seclusion is still required.

6. Reporting

Refer to the Chief Psychiatrist Standard - Restraint and Seclusion – Recording and Reporting

7. EPAS

Restraint and Seclusion is recorded as part of the electronic record which is built in to EPAS.

Any incidents of Restraint or Seclusion are also entered in to the Safety Learning System as a matter of process.

8. Exemption

No exemption allowed for this policy directive.

9. National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has developed 10 National Safety and Quality Health Service Standards (the Standards).

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.

This policy guideline contributes to the standards in the following way:

National Standard 1 Governance for Safety and Quality in Health Care	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare associated infections	National Standard 4 Medication Safety	National Standard 5 Patient Identification & Procedure Matching	National Standard 6 Clinical Handover	National Standard 7 Blood and Blood Products	National Standard 8 Preventing & Managing Pressure Injuries	National Standard 9 Recognising & Responding to Clinical Deterioration	National Standard 10 Preventing Falls & Harm from Falls
☒	☒	☐	☒	☒	☒	☐	☐	☒	☒

10. Risk Management

Risks to SA Health staff and patients are protected by the following documents:

- Restraint and Seclusion in Mental Health Services Policy Guideline,
- Chief Psychiatrist Standard - Restraint and Seclusion – Recording and Reporting
- Chief Psychiatrist Standard - Restraint and Seclusion – Application and Observation

11. Evaluation

Restraint and seclusion is monitored, evaluated and reported on by the Chief Psychiatrist and the five Local Health Networks (LHNs) as required by sections 90(1)(b) and 98(2)(c) of the *Mental Health Act 2009* (the Act). Data from the OCPP and LHNs is separately reported nationally to the Safety Quality Partnership Standing Committee.

All three documents mentioned in Part 10 will be evaluated through the above mechanisms.

12. Definitions

In the context of this document:

- **chemical restraint** means: no agreed definition available.
- **consumer** means: a person who uses or has used mental health care or related services.
- **least restrictive** means: the concept of allowing the consumer to be cared for in an environment which places the least amount of restriction on freedom of movement while maintaining their safety and the safety of others.
- **mechanical restraint** means: The application of devices (including belts, harnesses, manacles, sheets and straps) on a person's body to restrict his or her movement. This is to prevent the person from harming him/herself or endangering others or to ensure the provision of essential medical treatment. It does not include the use of furniture (including beds with cot sides and chairs with tables fitted on their arms) that restricts the person's capacity to get off the furniture except where the devices are used solely for the purpose of restraining a person's freedom of movement. The use of a medical or surgical appliance for the proper treatment of physical disorder or injury is not considered mechanical restraint.
- **physical restraint** means: The application by health care staff of hands-on immobilisation or the physical restriction of a person to prevent the person from harming him/herself or endangering others or to ensure the provision of essential medical treatment.
- **restraint** means: The restriction of an individual's freedom of movement by physical or mechanical means. This applies to person's receiving specialist mental health care.
- **seclusion** means: - Defined as the confinement of a person, alone in a room or area from which free exit is prevented. (*National Documentation, MHSRP, 2009*)

13. Associated Policy Directives / Policy Guidelines

- Office of the Chief Psychiatrist and Mental Health Policy Seclusion and Restraint Standard – Application and Observation Requirements
- Restraint and Seclusion in Mental Health Services Policy Guideline
- National Practice Standards for Mental Health Workforce, 2002, Commonwealth of Australia
- National Standards for Mental health Services, 2010, Commonwealth of Australia

14. References, Resources and Related Documents

Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health Service Standards ACSQHC, Sydney

Work Health Safety Policy Guideline – Prevention and Responding to Workplace Challenging Behaviour, Violence and Aggression (WHS GD 043)

Work Health Safety Policy Guideline – Hazard identification and risk assessment tool (WHS FOR020)

Work Health Safety Policy Guideline – Factsheet – worker support (WHS FS022)

SA Health Policy Directive – Prevention and Responding to Challenging Behaviour

SA Health Policy Directive - Prevention and Responding to Challenging Behaviour – Challenging behaviour toolkit

SA Health Policy Directive – Minimising the use of Restrictive Practices

SA Health Policy Directive – Minimising the use of Restrictive Practices – Restrictive practices toolkit.

Mental Health Policy Guideline – Restraint and Seclusion in Mental Health Services

Chief Psychiatrist Standard – Restraint and Seclusion – Recording and Reporting