

Chief Psychiatrist Standard: Compliance is mandatory

Restraint and Seclusion Recording and Reporting 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 Recording and Reporting Chief Psychiatrist Standard outlines the requirements of health services to record information and make notifications to the Office of the Chief Psychiatrist, to enable the monitoring of the use of restraint and seclusion.
Keywords	Restraint, Seclusion, Reporting, Recording, Notification, Chief Psychiatrist Standard, Incident, SLS, EPAS, Physical Restraint, Chemical Restraint
Policy history	Is this a new policy? <i>Y</i> Does this policy amend or update an existing policy? <i>N</i> Does this policy replace an existing policy? <i>N</i> If so, which policies?
Applies to	<i>All Health Networks</i>
Staff impacted	<i>All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology</i>
EPAS compatible	<i>Yes</i>
Registered with Divisional Policy	<i>No</i>
Contact Officer	
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Restraint and Seclusion Recording and Reporting Chief Psychiatrist Standard

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Restraint and Seclusion Recording and Reporting Chief Psychiatrist Standard

1. Objective

Sections 90(1)(b) and 98(2)(c) of the Mental Health Act 2009 (the Act) require the Chief Psychiatrist to monitor the use of mechanical body restraints and seclusion in relation to voluntary and involuntary patients and for health services to keep records of the use of mechanical body restraints and seclusion.

The purpose of this Standard is to outline the requirements of health services to record information and make notifications to the Office of the Chief Psychiatrist and Mental Health Policy (OCP), to enable the monitoring of the use of restraint and seclusion.

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

All incidents of restraint or seclusion are to be entered on the Safety Learning System and any other relevant electronic database system.

Incidents of restraint and seclusion considered a 'critical incident' (see Part 12 Definitions), these incidents will be automatically notified to the OCP via the SLS system. An additional report is required by the OCP within one business day and is located on the [OCP website](#) as part of the Restraint and Seclusion Policy Guidelines Toolkit entitled 'Restraint and Seclusion Reporting' on Page 8.

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.
- > Reduce and where possible eliminate the use of restraint and seclusion.
- > 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 review, direct visual observations, post incident follow up and all relevant documentation is completed.
- > Enter incidents of restraint and seclusion on the Safety Learning System, ensuring less than 1 hour is a SAC 4 event, less than or equal to 4 hours is a SAC 3, more than 4 hours, is a SAC 2 and an incident over 8 hours or resulting in harm to any person, is a SAC 1 event.
- > Critical Incidents are any incident of restraint or seclusion where the consumer or staff were injured, the incident lasted more than 12 hours or intubation was utilised in the process of sedation for the management of challenging behaviours.

5.2 Service Managers

It is the responsibility of Service Managers to:

- > Ensure procedures outline what staff can do to prevent or minimise the use of restraint and seclusion, ensuring it is used only as an option of last resort.
- > Establish local review processes to monitor and review incidents with a focus on reduction and elimination of restraint and seclusion.
- > Ensure staff have access to required systems to report incidents.
- > Ensure local procedures include how to escalate the reporting process.
- > Ensure compliance with this standard across the LHN.

5.3 Office of the Chief Psychiatrist staff

It is the responsibility of the OCPP to:

- > Report quarterly to the Local Health Networks and private hospitals on the use of restraint and seclusion across all networks.
- > Include data on the use of restraint and seclusion in the annual report to the Minister for Health and Aging for tabling in Parliament.
- > Provide information annually to the Estimates Committee Hearing.
- > Nominate a system for state-wide data collection.
- > Provide data for national reporting requirements.

6. Reporting

See Part 4.

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
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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.
- **critical incident** means any incident of restraint or seclusion where the consumer or staff were injured, the incident lasted more than 8 hours or intubation was utilised in the process of sedation for the management of challenging behaviours.
- **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 – Application and Observation