Fact Sheet 9:
A Guide to Approval of Mechanical Restraint Devices

Mechanical Restraint Device Criteria

Mechanical restraint devices used under the powers of the Mental Health Act 2009 require the approval of the Chief Psychiatrist for their use as detailed in the Chief Psychiatrist Standard: *Reduce and Eliminate where possible the Use of Restraint and Seclusion applied under the Mental Health Act 2009.*

Mechanical restraint is a last resort restrictive practice option for clinicians to utilise in an emergency situation where a person's behaviour presents an immediate risk to self or others. It is defined as: 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 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.

When any restrictive practice is implemented, it should only be used after reasonable attempts to use alternate means of calming and de-escalation to enable a person to regain self- control are unsuccessful.

Device criteria

The following is a list of criteria to consider when selecting mechanical restraint devices for a service, to ensure they meet a safe and satisfactory standard, when using mechanical devices as a last resort:

- Adjustable to reflect the person's size, physical frailty and health conditions and to allow treatment and care to be provided.
- Fit for purpose, that is the device is appropriate to the aim of use and as per the manufacturer's instructions
- Minimal discomfort whilst maintaining the ability for essential treatment and care to be provided
- Have a wide cuff, to prevent tightening and reduced circulation, or affect skin integrity (Guidance note: prevention of pressure injuries)
- Have no sharp edges, not made from material that is sharp or abrasive and circulation is not impeded, including if the person is restless
- Made of a material that is easy to clean and does not pose a risk of transmission of infectious agents (Guidance note: are not infection/hygiene risks, fabric does not alter when cleaned and become abrasive and/or sharp)
- Made of a material that does not compromise skin integrity (Guidance note: not made from products which may irritate, or which a person may have an allergy to, for example, latex)
- Reasonably easy for staff to apply and easily removed during routine use and emergencies
- Not easily removable by the person restrained,
- Does not have a lock and key operation and has minimal punitive appearance (Guidance note: access in an emergency may be impacted, and design may look punitive which may further impact wellbeing and result in trauma of the person, carer, staff or others)
- Can be secured safely to a range of equipment/furniture used for patient care – (Guidance note: secured safely means – it does not present any risk to the patient and/or other persons).
- Ensures communication with the person can be maintained

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Approval of restraint devices

A service wishing to use a device, which has not already been approved by the Chief Psychiatrist for that service in South Australia (SA), should submit information about the device and a completed Application form (see attached), for it to be utilised on a person who is being treated under the Mental Health Act (2009).
The information is to include: how it will be used and maintained, provide a sample device or photos for inspection, a copy of manufacturer's instruction, and if the service is aware of approvals in other jurisdictions. Information also should include: the circumstances where it may be used, details of the staff who will make the decision to apply the device, and training provided to staff who apply the device, including Trauma Informed Practice training.

A copy of the procedure for the storage of the device, cleaning between use, and inspections for wear and tear should also be provided.

Where a specific device has already been approved in one SA service, a service provider in another service need only submit details of how the device will be used in their service. See attached Application form for information requirements.

This Application form and background information from the service, is to be emailed to: HealthOCP@sa.gov.au

The Chief Psychiatrist approval process will involve members of the OCP Safety and Quality team and lived/living experience representatives who will: inspect the device or photographs, review the documentation about its use, review the Trauma INfomred Practice training undertaken by staff, consider the completed Application form and if necessary seek feedback from clinicians, consumers and carers; if the device has already been used locally, and such feedback is available.
Comment and feedback will then be provided to the health service, including whether the device is approved / not approved or further information is required.

A copy of the Application form is available by emailing: HealthOCP@sa.gov.au

For more information

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