

**Application to the Chief Psychiatrist for Approval of a New Mechanical Restraint device: to be used under the powers of the Mental Health Act 2009.**

LHN…………………………….Ward/Unit/Service:…………………………….Date………………

Device name, manufacturer & product code: …………………………………………………………………………………………………………..

LHN contact person - email and phone number:.…………………………………………………………………………………………………

Is this device approved for use in any other SA health service or jurisdiction? Yes / No

* Please name the service using this device……………………………………………….

(If answering yes above, only submit details of how the device will be used in your service, rather than making a full re-submission and forward this form to: HealthOCP@sa.gov.au)

 **Please provide** a:

* Description of how it will be used and maintained;
* Photo of the device and copy of manufacturer’s instructions;
* Description of where it will be used, who will make the decision to apply it and what training is planned for staff who use the device;
* Copy of the procedure for the storage of the device, cleaning processes, and inspections for wear and tear and;
* Evidence of Trauma Informed Practice training for all staff.

**In choosing a device:** have the following parameters been considered and met:

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes / No** | **Notes** |
| Adjustable to person’s size, frailty and health conditions  |  |  |
| Will allow ongoing treatment and care to be provided |  |  |
| Appropriately used as per manufacturer’s instructions |  |  |
| Consumer discomfort is minimised |  |  |
| Has a wide cuff to limit: tightening or reduction of circulation and does not affect skin integrity even if person is restless |  |  |
| No sharp edges, or abrasive material  |  |  |
| Material is easy to launder (not leather or synthetic leather) – does not reshape or change texture from washing and the material has limited risk of transmission of infectious agents |  |  |
| Made of a material that does not irritate or compromise skin integrity eg latex  |  |  |
| Reasonably easy for staff to apply & remove during emergencies |  |  |
| Not easily removed by the person |  |  |
| Does not have a lock & key operation  |  |  |
| Can be secured safely to a range of equipment/furniture in patient care  |  |  |
| Ensures communication with the person can be maintained |  |  |

\*For further detail about the Criteria, refer to: “A Guide to Approval of Mechanical Restraint Devices” Fact Sheet No. 9. SA Restraint and Seclusion Toolkit