Restraint and Seclusion reporting

The *Mental Health Act 2009* requires the Chief Psychiatrist 'to monitor the treatment of voluntary inpatients and involuntary inpatients, and the use of mechanical body restraints and seclusion in relation to such patients;' 90 (1) (b): in addition, any critical incident that results in a critical incident requires notification to the Office of the Chief Psychiatrist. (OCP)

It is a mandatory requirement to report all incidents of restraint and seclusion in the Safety Learning System (SLS).

Critical incidents that require an additional, separate report to the OCP within one business day include:

> Any incident when a consumer is injured as a direct result of the restraint or seclusion.

> Any incident where a staff member is injured as a direct result of the restraint or seclusion.

> Any incident of restraint or seclusion over 12 hours.

> Any incident of chemical restraint that results in physiological compromise or intubation.

> Any incident resulting in the death of a consumer.

Any event requiring direct notification to the OCP should be subject to a local review process.

Definitions of restraint and seclusion are provided here to assist in determining the correct category for reporting incidents in SLS

National definitions of restraint and seclusion were provided in the final documentation of the National Beacon project in 2009 and developed further by the Safety and Quality Partnerships Standing Committee. They are included in the Restraint and Seclusion in Mental health Services Policy Guideline and the Preventing and Responding to Challenging Behaviour. They are:

Seclusion is the confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented.

The consumer is alone; the seclusion applies at any time of the day or night; duration is not relevant in determining what is or is not seclusion and; the consumer cannot leave of their own accord.

The intended purpose of the confinement is not relevant in determining what is or is not seclusion; the seclusion applies even if the consumer agrees or requests the confinement; the awareness of the consumer that they are confined alone and denied exit is not relevant in determining what is or is not seclusion; the structure and dimensions of the area to which the consumer is confined is not relevant in determining what is or is not seclusion (the area may be an open area eg courtyard) and; the seclusion does not include confinement of consumers to High Dependency sections of gazetted mental health units, unless it meets the definition.

Restraint is the restriction of an individual's freedom of movement by physical or mechanical means. This applies to person's receiving specialist mental health care.

Physical restraint is defined as 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. Physical restraint for the purpose of administering medication or other therapeutic interventions is to be regarded as restraint.

Mechanical restraint 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 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.

The safety of the consumer and others is paramount; the restraint is used for urgent intervention only where all other interventions have been tried, or considered and excluded; the restraint is used for the shortest period necessary and; using the minimal amount of force necessary.

Staff participating in the use of restraint are trained in safe restraint practices that have been endorsed by the appropriate clinical governance body of the specialist mental health service; services have a range of interventions / strategies for managing acutely disturbed behaviour prior to considering the use of restraint.

Chemical restraint What is chemical restraint? There is currently no widely accepted definition of chemical restraint. The Office of the Chief Psychiatrist is involved in a national project on defining chemical restraint. Where medication has been given with the sole purpose of sedating the person it is chemical restraint and this is expected to be expanded in the future.

Frequently asked questions about restraint and seclusion

Q I just need them to sit while I get some food and fluid in to them, is it restraint when I use a pelvic restraint or tray chair to feed them, then release the restraint?

A No, mechanical restraint is when 'the devices are used solely for the purpose of restraining a consumer's freedom of movement'. If the device is applied for the purpose of ensuring dietary and fluid intake it is not considered to be a reportable 'restraint'.

Q I have people who ask to have cot sides up, is that a restraint? (Refer to Local Health Network procedures).

A If the cot sides are used solely to restrict the persons movement, it is a restraint. A person who is orientated and alert may ask because they feel safer with them up or can use them to move around the bed more easily; this is not for the purpose of restricting their movement and hence is not a restraint.

Q If I unlock the seclusion door when someone is asleep is that still seclusion?

A Yes, if they do not know the door is unlocked, it is seclusion. It is still seclusion if the unlocked door opens into a seclusion corridor.

If the door is unlocked and opened so when they wake they can see the door is open and the doorway leads to freedom of access on the unit, seclusion ended at the time the door was opened.

Q Do community teams have to do an SLS if the Police have restrained someone?

A An SLS report should be completed if community health staff were involved in restraining the person; it should be noted on Community Based Information System (CBIS) that South Australia Police (SAPOL) attended the contact with the person.

Step by step guide to reporting a restraint and seclusion incident to SLS

SLS has been set up to make it easy to quickly enter data about restraint and seclusion. This guide takes you through the sections in the order you will see them in SLS. There are grey question mark ? symbols in SLS – click on them for short explanations that will assist with your reporting .

Reporting of all incidents has improved significantly over the past five years across all mental health settings in SA and mental health staff are involved improving reporting of restraint across the general health sector.

There are noticeable difficulties with the data and how it can be reported resulting from inconsistent selection of Level 1 and Level 3 categories of the SLS.

Question / section	Instructions	Explanation and hints
Date and time **Location**	Enter the date, time and the location where incident occurred	
Subject of incident	Select 'incident affecting patient' when reporting restraint / seclusion.	If staff member injured an additional separate SLS report is required, and for that use the heading 'incident affecting worker' to go to the Workforce Health section.
Person affected	Under 'Type', select 'patient / consumer / client' and complete details	A box will appear at the end of this section that asks if the patient was harmed or not. If the answer is yes another section 'Harm / Injury details' will appear and ask for details about the harm / injury(s), the affected body part(s), and the treatment. Please Note : If a worker or other person was harmed an additional separate report is required
Description of the Incident / hazard / event	A brief factual description is required. • 'What happened?' to the patient • 'What was the outcome of the incident / event?' for the patient • 'Has this incident been disclosed to the patient / family?'	Other sections below will ask for details. In 'What happened?' describe what led up to use of restraint seclusion In 'What was the outcome of the incident / event?' describe the result, for example, • patient was physically restrained and secluded for 45 minutes with 5 minute checks

		• patient was physically restrained, and soft shackles applied. Staff and family reassured and patient calmed. Shackles removed after 1 hour.
Notifier details	All information is useful, but only your professional group is required.	This section is 'prohibited from disclosure' (that is, it is protected information)
Incident Classification **Level 1 - 3**	Under Incident Classification, select; • Level 1 Restraint / Seclusion • Level 2 Select the primary or main type of restraint / seclusion from the options. o Chemical restraint (administered medications) o Mechanical restraint (applied by devices) o Physical restraint (applied by people – ie hands-on restraint) o Seclusion • Level 3 Select the most appropriate option	Reminder – double click on selections in multi-pick fields For Level 2 - if more than one restraint type is used, the others can be selected in a later question The primary type is generally either • the type that had longest duration (eg if there was 5 minutes of physical restraint to apply hard shackles that were then in situ for 4 hours, the mechanical restraints are the primary restraint type). • the type that caused the harm to the patient (if there was any), eg skin laceration or soft tissue injury from the physical restraint. • The type with potentially most serious consequence for patient eg chemical restraint requiring intubation to support breathing Level 3 - additional questions will appear to record type of mechanical restraint used and if intubation required when chemically restrained.
Incident Classification Security assessment code (SAC) rating **Result**	Select the consequences and likelihood of recurrence of the incident, to give a SAC rating. The SAC matrix has extra information to assist you. Select appropriate rating	Some examples of SAC ratings are SAC 4 - brief physical restraint in order to administer usual IM meds SAC 2 and 3 – longer duration of restraint / seclusion, injury of patient during restraint / seclusion SAC 1 – death or brain injury from the application of restraint or during seclusion
Incident Classification SAC rating **Result**	Select the consequences and likelihood of recurrence of the incident, to give a SAC rating. The SAC matrix has extra information to assist you. Select appropriate rating	Some examples of SAC ratings are SAC 4 - brief physical restraint in order to administer usual IM meds SAC 2 and 3 – longer duration of restraint / seclusion, injury of patient during restraint / seclusion SAC 1 – death or brain injury from the application of restraint or during seclusion

Additional Restraint / Seclusion questions • **Reason(s) for applying restraint / seclusion** • **Was the person subject to a MH order?** • **Additional type(s) of restraint / seclusion applied?** • **Total duration of restraint / seclusion?** • **Was anyone injured?**	Choose the appropriate reason(s) from the drop down boxes. Yes / No Choose all types that were applied – there may be more than one type of restraint and or seclusion during the one incident Choose the time frame that best applies to the incident. Yes / no question	Extra information is available by clicking on the ? marks. Double click on your selections and they will automatically populate the box. For those in closed MH units where consumers held under other Acts are not listed (ie forensic clients), select the MH Act option. Additional questions will appear to record type of mechanical restraint used and if intubation required when chemically restrained To meet legislative requirements the Office for the Chief Psychiatrist (OCP) collates data from SLS about the use of restraint / seclusion in Mental Health services (see above). Further information may be requested by OCP about individual incidents.
Further information	If you have other information, select Yes from the drop down box. Type your information into the free text boxes that appear.	This section is prohibited from disclosure, and allows you to express a personal opinion about why the restraint/seclusion happened and how the restraint/seclusion could have been prevented.
Additional information Was anybody else involved?	If yes, complete information as required on other(s) involved in the incident, and how they were involved, eg as a witness, directly involved in the incident.	This can include SAPOL attendance, code black team, security, family, bystanders, others. There may be more than one person to add. SAAS personnel are health employees and are to be listed as 'staff' if present during the incident. Reminder – if a staff member was injured / harmed a separate SLS report is required for that person.
Submit	Complete the report and submit.	Once you click 'Submit' a message will be automatically sent to your manager or whoever in your area is designated to receive them. A notification message, will popup advising you of the incident number and the incident has been saved onto SLS. Document the incident number in the patient's medical record for ease of follow-up and tracking the management of the incident.

SLS review by Managers	There are 4 questions for managers to complete on each incident after review of this report.	1. Is it the first application of restraint / seclusion for this persons admission: yes / no 2. Reason - Restraint / seclusion applied in response to patient behaviour with intention to protect against harm. 3. Reason - Restraint / seclusion initiated by staff to enable treatment or transport. 4. How was restraint / seclusion monitored and managed? – includes medication / code called / observations completed / medical reviews / devices released / debriefings completed.

Restraint and Seclusion Critical Incident Report to OCP

Please fax or email this form to the OCP within one business day after the incident.

Fax 08 8226 6235 Email ocp@health.sa.gov.au

SLS report number	
Description of incident	
When is the local review planned?	Date: Time:
Outcome of review (if known)	
Actions taken to address individual or system issues.	

Has the family been notified?	
Any potential legal issues?	
Any other comments?	
Name and contact details of reporter	

For more information

SA Health
Mental Health Strategy, Policy and Legislation
PO Box 287 Rundle Mall, Adelaide SA 5000
Telephone: (08) 82261091
Email: ocp@health.sa.gov.au
www.sahealth.sa.gov.au/mentalhealth

Public – I2–A1