Mechanical and Physical Restraint

Chief Civil Psychiatrist Standing Order 10A

Provisions to Which the Order Relates

Mental Health Act 2013 – sections 3, 6, 11, 15, 57, 58 and Schedule 1.

Preamble

1. Physical restraint and mechanical restraint are some of the most restrictive options available to staff in managing the behaviour of involuntary patients within approved hospitals and approved assessment centres.
2. An involuntary patient may only be physically restrained if the restraint is authorised by the Chief Civil Psychiatrist or a delegate of the Chief Civil Psychiatrist (if the patient is a child), or by the Chief Civil Psychiatrist, a delegate of the Chief Civil Psychiatrist, a medical practitioner or an approved nurse (if the patient is an adult).
3. An involuntary patient may only be mechanically restrained if the restraint is authorised by the Chief Civil Psychiatrist or a delegate of the Chief Civil Psychiatrist in advance.
4. Only devices which have been approved in advance by the Chief Civil Psychiatrist or a delegate may be used to mechanically restrain an involuntary patient.
5. An involuntary patient may only be physically or mechanically restrained when necessary to:
   a. Facilitate the patient's treatment, or
   b. Ensure the patient's health or safety or the safety of other persons, or
   c. Effect the patient's transfer to another facility, whether in Tasmania or elsewhere.
6. Patients who are physically or mechanically restrained must be examined in accordance with section 57 of the *Mental Health Act 2013* and must be provided with suitable clean clothing and bedding, adequate sustenance, adequate toilet and sanitary arrangements, adequate ventilation and light and a means of summoning aid while being restrained.
7. The administration of any prescribed medication to a patient who is physically or mechanically restrained must not be unreasonably denied or delayed.
8. Patients who are physically or mechanically restrained must not be deprived of physical aids or communication aids that the patient uses in communicating on a daily basis except as may be necessary for the patient's safety or the preservation of those aids for the patient's future use.
9. The person who authorises restraint is to make an appropriate record of the matter and is to give a copy of the record to the patient, to the Chief Civil Psychiatrist and to the Mental Health Tribunal. The person who authorises restraint is also to place a copy of the record on the patient's clinical record.
10. The actions referred to in paragraph 9 are to be taken as soon as practicable after the restraint is authorised.

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Purpose

This Standing Order directs controlling authorities, medical practitioners, nurses and other approved hospital and approved assessment centre staff members in the mechanical and physical restraint of involuntary patients under the *Mental Health Act 2013*, and related matters.

The Order is designed to ensure that mechanical and physical restraint are used minimally, and that when these forms of restraint are used they are used appropriately, safely and in a way that respects the dignity and rights of patients.

Failure by an individual to comply with this Order is not an offence but does constitute proper grounds for instituting professional or, as the case may be, occupational disciplinary action against that individual.

Direction

I, Professor Kenneth Clifford Kirkby, being and as the Chief Forensic Psychiatrist, pursuant to sections 152 and 153 of the *Mental Health Act 2013* and section 22 of the *Acts Interpretation Act 1931* hereby:

1. Revoke all previous directions (standing orders) issued under section 152 of the *Mental Health Act 2013* with respect to the exercise of responsibilities in relation to authorising mechanical and physical restraint with effect from 11.59 pm on 30 June 2017; and

2. Issue the following direction (standing order) to controlling authorities (and delegates) and authorised persons exercising responsibilities in relation to authorising mechanical and physical restraint under the *Mental Health Act 2013*, and related matters, with effect from 12.00 am on 1 July 2017.

1. The decision to physically or mechanically restrain a patient must only be made after less restrictive interventions and de-escalation techniques have been tried without success, or when these have been considered but excluded as inappropriate or unsuitable in the circumstances.
2. Neither physical nor mechanical restraint are ever to be applied as a method of punishment or to compensate for or overcome inadequate facility design, insufficient numbers of staff or inadequate qualifications or status of staff members on duty at the relevant time.
3. The decision to apply physical or mechanical restraint to a patient is only to be made following as full a risk assessment as it is possible to perform in the circumstances.
4. Restraint is only be authorised if the person authorising the intervention has received satisfactory answers to the following questions:
    a. What de-escalation has been implemented?
    b. Has "time out" been attempted?
    c. Has pro re nata (PRN) medication been offered?
    d. Has 1:1 nursing been attempted?

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e. Have other staff who may have rapport with the patient been sourced to attempt de-escalation?
f. How long is the restraint expected to last for and what criteria will be used to determine whether the restraint should be ceased?
g. What is the post-restraint plan?

5. An involuntary patient is to be physically or mechanically restrained only for the period authorised. In the case of mechanical restraint to transport a patient from one approved facility to another, the period authorised **may not exceed seven (7) hours**. In all other cases, the period authorised **may not exceed three (3) hours**.
6. Each occasion on which physical or mechanical restraint is applied must be viewed as a new occasion of restraint with full consideration given to less restrictive options and performance of a new risk assessment prior to authorisation being given.
7. Authorisation is to be obtained at the time that the decision to restrain a patient is made; authorisation must not be given in advance or conditional upon certain events occurring.
8. Authorisation is only to be given over the phone or via email if:
   a. The person authorising the restraint is satisfied, from the information given to him or her by members of nursing staff present with the patient at the relevant time, that the patient meets the criteria to be restrained within the parameters set out in the *Mental Health Act 2013*, and
   b. There is nobody else who could authorise the patient's restraint in person within a time period that is consistent with the need to facilitate the patient's treatment, ensure the patient's health and safety or the safety of others or to facilitate the patient's transfer.
9. Involuntary patients who are physically or mechanically restrained must be continually observed at all times by a registered nurse or medical practitioner. The focus of the observation must be on the person's safety and dignity and on any change in the person's physical or mental health status. Observation must be direct and in person and must not involve observation via video monitoring systems or similar technologies.
10. An involuntary patient's physical or mechanical restraint may be extended beyond the period authorised if:
    a. The patient has been examined by a medical practitioner immediately prior to the decision to extend the restraint and the medical practitioner has recommended that the restraint be extended, and
    b. The period of extension has been authorised by the Chief Civil Psychiatrist or a delegate, in advance.
11. An involuntary patient's restraint may be extended on more than one occasion. In the case of mechanical restraint to transport a patient from one approved facility to another, the period of

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extension **may not exceed seven (7) hours**. In all other cases, the period of extension **may not exceed three (3) hours**.

12. A medical practitioner who examines a patient who is being restrained is only to recommend that the restraint be continued or extended if the benefits associated with continuing or extending the restraint are considered to outweigh the detriments and if continuing or extending the restraint would not be detrimental to the patient's health or safety.
13. A patient who is still subject to mechanical or physical restraint after twelve **(12)** hours must have been examined by an approved medical practitioner within that twelve **(12)** hour period.
14. Mechanical restraint must be applied to the least extent and for the minimum period of time that is necessary to facilitate the patient's treatment, to prevent the patient from harming him or herself of others or to transport the patient from one facility to another.
15. An involuntary inpatient is **not** to be both mechanically restrained and secluded.
16. Any use of mechanical or physical restraint must be in accordance with Chief Civil Psychiatrist Clinical Guidelines and with the policies and procedures of the relevant approved hospital or approved assessment centre.
17. Matters relevant to the use of physical or mechanical restraint must be documented using Chief Civil Psychiatrist Approved Form 10: Restraint. The form must be completed as soon as practicable after the decision to restrain the patient is made.
18. A copy of the completed form must be forwarded to the Chief Civil Psychiatrist by no later than the close of business on the first business day following the day on which the restraint was authorised.
19. The rationale for the application of restraint including the outcome of the risk assessment performed prior to the decision to restrain must be clearly documented in the patient's clinical record and discussed with the patient's treating medical practitioner/approved medical practitioner.
20. Incidents leading to the application of mechanical or physical restraint must be logged via the incident management systems in place at the relevant time within the approved assessment centre or approved hospital.
21. A monthly report on the use of mechanical or physical restraint within each approved assessment centre and approved hospital is to be provided to the Chief Civil Psychiatrist by no later than the 20th day of the month after the month in which the restraint was used.

Professor Kenneth Clifford Kirkby
Chief Civil Psychiatrist
Date: 1 July 2017