



**Queensland  
Government**

**Mental Health Services  
Physical Restraint**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

Facility: .....

**Refer: Mental Health Act (MHA) 2016, Sections 268-270; Chief Psychiatrist Policy: Physical Restraint**

- Physical restraint of any patient in an authorised mental health service (AMHS) is used only as a last resort.
- All instances of physical restraint of a patient by staff in an AMHS must be documented in CIMHA.
- Physical restraint of a patient by staff in an AMHS must be authorised unless used in urgent circumstances or under another law.
- An authorised doctor, or a health practitioner in charge of an inpatient unit or other unit within an AMHS, may authorise the use of physical restraint on a patient for the following reasons, if there is no less restrictive option available:
  - o to protect the patient or others from physical harm
  - o to provide treatment and care to the patient
  - o to prevent the patient from causing serious damage to property
  - o for a patient detained in an AMHS- to prevent the patient from leaving the service without permission.

**1. Person's details** (not required if label affixed in top right corner)

Surname:		Given name(s):	
Residential address:			
Town/Suburb:		State:	Postcode:
Date of Birth:		Sex:	

**2. Treating AMHS and Mental Health Act status**

Name of AMHS:

MHA status:

<input type="checkbox"/> None	<input type="checkbox"/> Forensic order (mental health)	<input type="checkbox"/> Treatment support order	<input type="checkbox"/> Transfer recommendation
<input type="checkbox"/> Examination authority	<input type="checkbox"/> Forensic order (disability)	<input type="checkbox"/> Person AWA (interstate)	<input type="checkbox"/> Classified (involuntary)
<input type="checkbox"/> Examination/judicial order	<input type="checkbox"/> Forensic order (criminal code)	<input type="checkbox"/> Recommendation for assessment	<input type="checkbox"/> Classified (voluntary)
<input type="checkbox"/> Treatment authority			

Conditions of order:

**3. Physical restraint event specifics** (enter approximate time if actual time unknown)

Start date:		End date:	
Start time:		End time:	

**Primary reason for physical restraint:**

<input type="checkbox"/> To protect the patient or others from physical harm	<input type="checkbox"/> To prevent the patient from leaving the service <i>(applies only to patients detained in AMHS)</i>
<input type="checkbox"/> To prevent the patient from causing serious damage to property	
<input type="checkbox"/> To provide treatment and care to the patient	

**Was the physical restraint:**

<input type="checkbox"/> Used in urgent circumstances	<input type="checkbox"/> Authorised by senior AMHS staff
<input type="checkbox"/> Performed under a law other than MHA2016	

**Number of staff involved in physical restraint event:**  
(enter the maximum number of staff who, at any time during the physical restraint event, provided hands-on immobilisation or were otherwise involved in the physical restraint)

**Was the patient in the prone (face down) position at any time during the physical restraint event?**  Yes  No

**If yes,** record duration of time the patient was in the prone position: \_\_\_\_:\_\_\_\_ (minutes : seconds)

**Patient position/s during restraint event:** tick all that apply

<input type="checkbox"/> Prone (face down)	<input type="checkbox"/> On bed
<input type="checkbox"/> Supine (face up)	<input type="checkbox"/> Against a wall
<input type="checkbox"/> Standing	<input type="checkbox"/> On a chair
<input type="checkbox"/> Sitting	<input type="checkbox"/> On the floor
<input type="checkbox"/> Kneeling	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

**4. Description of restraint and events leading to restraint**

**Briefly describe the events immediately preceding, and during, the physical restraint event**  
(include patient's behaviour while being restrained, and physical health status where relevant e.g. alcohol/drug intoxication or withdrawal; delirium)

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Date of birth:

Sex:  M  F  I

Facility: .....

Were less restrictive interventions attempted prior to physical restraint?  Yes  No

If no: give reason

If yes: tick all that apply

- De-escalation
- Distraction/re-direction
- Quiet area / time out
- Sensory items
- PRN medication
- Other (specify):

## 5. Multiple applications of restrictive practices

### Seclusion

Check box if seclusion not applicable

Did the physical restraint occur immediately **before** seclusion?

Y N UK

Did the physical restraint occur **during** seclusion?

Did the physical restraint occur **immediately after** seclusion?

Comments:

### Mechanical restraint

Check box if mechanical restraint not applicable

Did the physical restraint occur immediately **before** mechanical restraint?

Y N UK

Did the physical restraint occur **during** mechanical restraint?

Did the physical restraint occur **immediately after** mechanical restraint?

Comments:

### Medication

Check box if medication not applicable

Was psychotropic medication administered immediately **before** the physical restraint?

Y N UK

Was psychotropic medication administered **during** the physical restraint?

Was psychotropic medication administered **immediately after** the physical restraint?

If yes, list medication name/s, route/s, dosage/s:

## 6. Clinical examination/monitoring of the patient following restraint

A patient must be clinically examined as soon as practicable after physical restraint ceases.

Was the patient clinically examined after the physical restraint?  Y  N  UK

Name of examining clinician:

Designation:

If no examination, give reason:

Was there any physical deterioration or injury to the patient associated with the physical restraint?  Y  N  UK

If yes: enter PRIME/RiskMan reference number below in section 7 (if relevant) OR briefly describe condition, and any treatment provided, here:

Did the patient require clinical monitoring following the physical restraint due to injury, sedation or other physical health condition?  Y  N  UK

## 7. Adverse events / injuries to patients / staff

Did application of physical restraint lead to an adverse event? (Tick all that apply)

- Yes—injury to patient
- Yes—injury to staff
- Yes—other
- No

If yes enter PRIME/RiskMan reference number here:

## 8. Clinician details (to be completed by clinician completing clinical note)

Name: Designation:

Signature: Contact number:

Date: Time (24hr):

Separate post-event reviews with the patient and with staff must be undertaken and documented in the patient's clinical record on CIMHA. For more information refer to the Chief Psychiatrist Practice Guidelines: Physical Restraint.

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