Physical Restraint

1. **Purpose**

This Policy outlines the relevant provisions of the *Mental Health Act 2016*, and the Chief Psychiatrist Policy regarding the use of physical restraint in authorised mental health services (AMHSs).

This Policy supports the use of physical restraint as a last resort where less restrictive interventions have been unsuccessful or are not feasible. This Policy also outlines the way to reduce the harm caused by the use of physical restraint to patients and staff.

The following principles must be applied in the use of physical restraint:
- maintaining the safety, wellbeing and dignity of the patient is essential
- protecting the safety and wellbeing of staff is essential
- physical restraint should only be used for the minimum period of time necessary, and
- all staff actions should be justifiable and in proportion to the patient’s behaviour.

2. **Scope**

This Policy is mandatory for all AMHSs. An authorised doctor, authorised mental health practitioner, AMHS administrator, or other person performing a function or exercising a power under the Act must comply with this Policy.

This Policy must be implemented in a way that is consistent with the Objects and Principles of the Act.

3. **Authorising Legislation**

Section 273 of the *Mental Health Act 2016*.

4. **Background**

Physical restraint, of a patient, generally refers to the use by a person of his or her body to restrict the patient’s movement (section 268).

It is an offence under the Act (section 269) for a person to use physical restraint on a patient other than as allowed under the Act, which requires the use of physical restraint to be authorised (see below). The offence provision does not apply to:
- physical support or assistance reasonably necessary to enable the patient to carry out daily living activities or to redirect a patient who is disoriented
- physical restraint that is authorised under another law, or
- physical restraint that is required in urgent circumstances, such as managing a person who is having a seizure, restraining a patient who is physically aggressive, or where a staff member uses physical contact to defend themselves or to disarm a patient where there is an immediate risk of harm.
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 one or more of the following purposes, if satisfied that there is no other reasonably practicable way:

- to protect the patient or others from physical harm
- to provide treatment and care to the patient
- to prevent the patient from causing serious damage to property, or
- for a patient detained in an AMHS, to prevent the patient from leaving the service without permission.

‘Patient’ is defined in the Act as:

- an involuntary patient, or
- a person receiving treatment and care for a mental illness in an AMHS other than as an involuntary patient, including a person receiving treatment and care under an advance health directive or with the consent of a personal guardian or attorney.

5. Policy

This Policy applies to all uses of physical restraint on a patient as defined under the Act, including where physical restraint is used under one of the exceptions to the offence provision of the Act. This means, for example, that this Policy applies if physical restraint is used in urgent circumstances without the authorisation of an authorised doctor or the health practitioner in charge of a unit.

However, this Policy does not apply where:

- a person uses physical contact in a momentary way, such as to deflect a blow from a temporarily distressed patient
- physical restraint is used as part of treatment and care with the agreement of the patient, such as to steady an arm for an injection, or
- the giving of physical support or assistance reasonably necessary to enable the patient to carry out daily living activities or to redirect the patient because the patient is disoriented.

If physical restraint is to be used for a patient (as defined under the Act), staff carrying out the restraint must do all of the following:

- seek prior authorisation of the use of physical restraint from an authorised doctor or health practitioner in charge unless:
  - the circumstances are urgent, or
  - the physical restraint is performed under another law
- use verbal strategies, de-escalation techniques and other evidence based strategies such as sensory modulation to help the patient safely gain control of their behaviour
- be appropriately trained to protect the welfare and dignity of the patient (for staff using physical restraint under the Act, training must include de-escalation strategies, physical restraint techniques, trauma-informed care, recovery-oriented practice and de-briefing strategies)
- ensure that no more physical force is used than necessary and reasonable in the circumstances
- ensure the patient is safe at all times:
  - the prone (face down) position should be avoided wherever possible; where it occurs it must not exceed two minutes; a record must be kept of prone restraint
  - the bending of the head or trunk towards the knees should be avoided wherever possible, and where it occurs, it should be for the minimum necessary time
- there should be no direct pressure on the neck, thorax, back or pelvic area
- observe for indications of physical or mental distress, and ensure that clinical concerns are appropriately escalated and that appropriate treatment and care is provided
- monitor airways, breathing, consciousness and body alignment at all times
• monitor patients where intramuscular or intravenous medication was administered within one hour prior to the use of physical restraint or during the physical restraint, and seek immediate medical treatment if there is a concern
• cease physical restraint as soon as it is no longer required, and ensure that, wherever possible, the physical restraint does not exceed 10 minutes
• clinically review the patient as soon as practicable after the use of physical restraint and closely monitor the patient for as long as clinically necessary, especially where acute sedation has been administered, the restraint involved a period of intense struggle, or the patient complains of, or appears to have, an injury or be in discomfort
• use added caution with patients who are pregnant, minors, patients with an underlying medical or neurological condition, and patients who are intoxicated or have acute behavioural disturbance or ‘excited delirium’
• be aware of heightened vulnerability to significant psychological trauma, especially for minors, patients with a history of trauma, abuse or detention, or patients of Aboriginal and Torres Strait Islander backgrounds
• conduct a review with all staff involved in the physical restraint as soon as practicable to evaluate the triggers which resulted in the need to physically restrain the patient and the methods used to respond to the event
• consider debriefing staff following the physical restraint event in accordance with local policy and procedures, and
• conduct a debriefing with the patient involved in the physical restraint (with the patient’s consent), and with other patients involved in any event that led to the physical restraint, as soon as clinically appropriate after the event (include support persons such as a family member or peer worker where possible and appropriate).

Physical restraint must not be used:
• as a substitute for other less restrictive interventions
• as a form of discipline or punishment
• as a substitute for adequate staffing levels, or
• as a substitute for staff training in crisis prevention and intervention to manage aggressive, harmful behaviours.

5.1 Recording

The following information must be recorded in the clinical record on the Consumer Integrated Mental Health Application (CIMHA):
• the actual times and duration of physical restraint by AMHS staff, the type of physical restraint used, and the number of staff involved in the physical restraint event
• the reasons for the physical restraint, including the events that led to the physical restraint
• why there was no other reasonably practicable way to protect the patient, others or property, to prevent the patient from leaving the service, or to provide treatment
• clinically relevant details regarding the physical and mental health of the patient at the time of the physical restraint, including signs of alcohol or drug intoxication or withdrawal
• the patient’s behaviour during the physical restraint
• whether seclusion or mechanical restraint directly preceded or followed the physical restraint
• medications administered up to one hour prior, during and immediately after the physical restraint (including medication name, dosage, frequency and route of administration)
• any adverse events relating to the physical restraint, and
• results of all clinical reviews of the patient required by this Policy, including the clinical review of the patient that took place immediately after the physical restraint.

1 ‘Excited delirium’ is a term used to describe an extreme form of behavioural disturbance characterised by severe agitation, aggression, paranoia, unusual strength and numbness to pain. Patients exhibit delirium and extreme hyperthermia. Excited delirium can result in sudden death.

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In addition, the following information must be recorded on the patient’s clinical record; wherever possible this should be on CIMHA:
- post-event debriefing of the patient, staff and any other relevant persons.

5.2 Notifications

The Chief Psychiatrist must be notified immediately where physical restraint results in, or is associated with:
- the death of a patient during or within 24 hours following physical restraint of the patient
- significant harm to a patient or other person during physical restraint or within 24 hours following physical restraint of the patient.

Community visitors under the Public Guardian Act 2014 may request information about the use of physical restraint on minors in an AMHS. AMHS staff must provide information as recorded under section 5.1 of this Policy when requested by a community visitor (whether or not it is during or connected with a visit).

5.3 Monitoring and Reporting

Monitoring physical restraint rates, the types of events that result in physical restraint, the types of physical restraint used and any adverse events is a necessary part of minimising the use of physical restraint.

Data will be publically reported in the Chief Psychiatrist Annual Report in accordance with national standards.

6. Supporting Documents

- Nil

Issued under section 273 of the Mental Health Act 2016

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Chief Psychiatrist, Queensland Health
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