Chief Psychiatrist Practice Guidelines

Mechanical Restraint

Contents

Overview

- These Practice Guidelines:
  - set out procedures for authorised mental health services (AMHS) regarding the use of mechanical restraint on relevant patients under the *Mental Health Act 2016* (MHA 2016)
  - are to be read in conjunction with the relevant provisions of the MHA 2016 (Chapter 8, of the MHA 2016, and the *Chief Psychiatrist Policy: Mechanical Restraint*; and
  - are mandatory for all AMHS staff exercising a power or function under the MHA 2016.

Key information

- The MHA 2016 makes provision for a range of safeguards and restrictions in relation to the use of mechanical restraint in an AMHS that promote the national and state priority of reducing and eliminating mechanical restraint.
- Mechanical restraint is to be used as a last resort to prevent imminent and serious risk of harm to patients and staff, where less restrictive interventions have been unsuccessful or are not feasible.
- It is an offence to use mechanical restraint in an AMHS other than in accordance with the MHA 2016.
- The MHA 2016 also makes provision for the use of mechanical restraint for specific transport circumstances. The *Chief Psychiatrist Practice Guidelines: Transport and Transfers* detail practice guidelines for AMHS in relation to these provisions.

Definitions

Approved device – means a device approved by the Chief Psychiatrist that may be used under the MHA 2016 for mechanical restraint.

Clinical Director – means a senior authorised psychiatrist who has been nominated by the Administrator of the AMHS to fulfil the Clinical Director functions and responsibilities outlined in this Practice Guideline.

Health practitioner – means a person registered under the Health Practitioner Regulation National Law, or another person who provides health services, including, for example a social worker.

Health practitioner in charge of the unit – means the health practitioner who has clinical responsibility for the unit where the patient is having mechanical restraint applied (e.g. the nurse unit manager, or senior registered nurse in charge).

Mechanical restraint – the restraint of a person by the application of a device to the person's body, or a limb of the person, to restrict the person's movement. Mechanical restraint does not include the appropriate use of medical or surgical appliances for the treatment of physical illness or injury; or the restraint of a person that is authorised or permitted under another law.

For example, the use of mechanical restraint by a police officer may be authorised under the *Police Powers and Responsibilities Act 2000*.

Reduction and Elimination Plan – outlines measures to be taken to reduce and where possible eliminate the use of mechanical restraint on a patient, and to reduce the potential for trauma and harm as a result of mechanical restraint.

Guidelines

1 Application of the mechanical restraint provisions

- The mechanical restraint provisions of the MHA 2016 may only be applied to a relevant patient in an AMHS.
- A relevant patient is a person subject to:
  - a Treatment Authority
  - a Forensic Order
  - a Treatment Support Order, or
  - a person who is absent without permission from an interstate mental health service and who has been detained in an AMHS.
- Under the MHA 2016, mechanical restraint cannot be applied to any other patient, including patients who are detained for examination or assessment, or to patients accessing services voluntarily or with the consent of a substitute decision maker.
- Mechanical restraint may only be used in an AMHS if:
  - the AMHS is a high security unit; or
  - the AMHS has been approved by the Chief Psychiatrist as a service that is authorised to use mechanical restraint (see section 1.2 Approved facilities).
- The mechanical restraint device to be used must also be approved by the Chief Psychiatrist (see section 1.1 Approved devices).
- The authorisation and use of mechanical restraint must comply with the *Chief Psychiatrist Policy: Mechanical Restraint* and sufficient resources must be available to safely meet the needs of the patient at all times.
- Mechanical restraint authorised under the MHA 2016 must be recorded in CIMHA. The Administrator of the AMHS must ensure that procedures are in place within their service to ensure these records are maintained.

1.1 Approved devices

- The application of mechanical restraint on a relevant patient may only be undertaken with a device approved for use by the Chief Psychiatrist.
- All applications for approval of a mechanical restraint device will be considered on a case-by-case basis. The Chief Psychiatrist has not pre-approved the use of any devices for the purpose of mechanical restraint.

- When an ***Application for Approval to Use Mechanical Restraint*** is made by an authorised doctor (see section 2 Application for, and approval of, use of mechanical restraint), the device proposed to be used must be specified in the application.
- The Chief Psychiatrist will only approve a device for the purposes of mechanical restraint if it is the safest way to protect the patient or any other person.
- The following requirements, at a minimum, will be considered by the Chief Psychiatrist when determining whether to approve a device for the purposes of mechanical restraint[1] :
  - the device is appropriate for the purpose
  - the device is safe (e.g. no hard/abrasive/sharp edges)
  - relevant staff have been provided specific training in relation to the use of the device, and
  - the device is in good working order (e.g. not dated, dirty or broken).
- Under no circumstances will handcuffs be approved as a device for the purposes of mechanical restraint in an AMHS.

1.2 Approved facilities

- Mechanical restraint may only be applied in:
  - an AMHS that is a high security unit; or
  - an AMHS that is approved by the Chief Psychiatrist for the purposes of applying mechanical restraint.
- No facilities, other than high security units, have pre-approval to use mechanical restraint and Chief Psychiatrist approval must be sought each time mechanical restraint is proposed to be used.
- The Chief Psychiatrist will consider, at a minimum, the following requirements when determining whether to approve a facility for the purposes of mechanical restraint:
  - appropriately trained staff are available within the facility
  - continuous observation requirements can be met
  - immediate medical treatment can be provided if there is a concern
  - sufficient bedding, clothing, food and drink is available, and
  - there is access to toilet facilities.
- Approval of a facility may be sought by an authorised doctor using the ***Application for Approval to Use Mechanical Restraint*** (see section 4 Reduction and Elimination Plan).

[1] Adapted from New South Wales guidelines

- An approval provided by the Chief Psychiatrist for the use of mechanical restraint in the relevant AMHS is specific to the matter outlined in the Application and applies on a case-by-case basis.
- Other than for a high security unit, a new approval from the Chief Psychiatrist for the AMHS to use mechanical restraint is required each time an application is made. This provides an opportunity for the Chief Psychiatrist to ensure that the criteria outlined above regarding minimum requirements for AMHS using mechanical restraints continue to be met.

2 Application for, and approval of, use of mechanical restraint

- The Chief Psychiatrist must approve all authorisations of mechanical restraint.
- The Chief Psychiatrist must be contacted by the treating psychiatrist or psychiatrist on call immediately if mechanical restraint is proposed to be used.
- An application may be made verbally to the Chief Psychiatrist if required under the circumstances. Verbal approval from the Chief Psychiatrist may be provided if required in urgent circumstances.
- An ***Application for Approval to Use Mechanical Restraint*** must be sent to the Chief Psychiatrist as soon as mechanical restraint is proposed. If urgent circumstances require that verbal approval from the Chief Psychiatrist be sought, the Application must be sent as soon as practicable after the verbal approval was granted.
- The Application must be completed by an authorised doctor and must include:
  - the name of the patient
  - details of the person's mental condition, including diagnosis and current treatment
  - the purpose of mechanical restraint
  - the reasons that the authorised doctor believes there is no other reasonably practicable way to protect the patient or others from physical harm
  - the way in which the patient will be continuously observed
  - any proposed limitations on the use of mechanical restraint (for example, maximum time periods proposed by the doctor)
  - the name of the AMHS in which the mechanical restraint will be applied
  - a description of the mechanical restraint device to be applied
  - the proposed period for which the approval is sought (not more than 7 days).
- If verbal approval was provided in an urgent circumstance, this must be recorded on the Application.
- The Chief Psychiatrist's approval is provided on the ***Application for Approval to Use Mechanical Restraint***.

- The maximum period for a Chief Psychiatrist approval for the use of mechanical restraint is 7 days.

3 Authorisation of use of mechanical restraint

3.1 General

- Where **approval** has been given by the Chief Psychiatrist for the use of mechanical restraint, an authorised doctor may then **authorise** the use of the mechanical restraint on the patient.
- An authorised doctor's authorisation for mechanical restraint is given by completing the ***Authorisation of Mechanical Restraint*** form. This form must be recorded on CIMHA.
- An authorised doctor's authorisation for mechanical restraint must be based on a face-to-face medical review of the patient. This review must occur even if consecutive authorisations are made by the same authorised doctor.

3.1.1 Authorised doctor responsibilities

- The authorised doctor must be satisfied that:
  - there is no other reasonably practicable way to protect the patient or others from physical harm
  - the authorisation complies with the approval given by the Chief Psychiatrist
  - the mechanical restraint complies with the *Chief Psychiatrist Policy: Mechanical Restraint*, and
  - the mechanical restraint complies with an approved ***Reduction and Elimination Plan*** (where a Plan is in place).
- The ***Authorisation of Mechanical Restraint*** form must include:
  - the duration of the mechanical restraint, including start and finish times, which must not exceed 3 hours
  - specific measures to ensure the health, safety and comfort of the patient
  - how the patient will be continuously observed while in mechanical restraint, and
  - whether the health practitioner in charge of the unit may remove the patient from the mechanical restraint before the authorised period ends.
- When authorisation for a period of mechanical restraint has expired, further mechanical restraint requires a new authorisation. However, a patient's total hours in mechanical restraint must not exceed nine hours in a 24 hour period (see section 3.2 Restrictions on authorisation).
- Each authorisation must be completed on the ***Authorisation of Mechanical Restraint*** form and recorded on CIMHA.

3.1.2 Health practitioner in charge of unit responsibilities

- The health practitioner in charge of the unit must ensure that the application of mechanical restraint is documented on the ***Restraint Record*** which must be attached to the ***Authorisation of Mechanical Restraint***.
- The health practitioner in charge of the unit also has responsibilities to ensure the mechanical restraint authorisation is complied with. This includes meeting observation requirements, ensuring any specific measures required by the authorised doctor for the patient's health and safety are carried out, and ensuring that a process is in place for tracking the amount of time a person is in mechanical restraints.

3.2 Restrictions on authorisation

- Mechanical restraint must not be used on a patient in seclusion.
- The maximum period for an authorisation of mechanical restraint is 3 hours.
- Consecutive authorisations for mechanical restraint may be made; however mechanical restraint may be applied for no more than nine hours in a 24 hour period, unless an approved ***Reduction and Elimination Plan*** for the patient provides for mechanical restraint in excess of 9 hours in a 24 hour period.

4 Reduction and Elimination Plan

- The ***Reduction and Elimination Plan*** form is available within the MHA module in CIMHA. If the form is not completed on CIMHA, it must be uploaded and recorded on the patient's clinical file on CIMHA.
- It is recommended practice for a ***Reduction and Elimination Plan*** to be in place in all instances where a patient is mechanically restrained. However, an approved Plan must be in place for any patient who is mechanically restrained for more than 9 hours in a 24 hour period.
- Development of a ***Reduction and Elimination Plan*** should be initiated in advance if it is considered likely that the mechanical restraint of a patient could exceed 9 hours in a 24 hour period.
- The Chief Psychiatrist may also direct, on his/her own initiative, that a Plan be prepared for a patient. Where a direction is made, the treating doctor and relevant Clinical Director will be advised of this requirement via telephone and email.
- An authorised doctor must apply to the Chief Psychiatrist for approval of a ***Reduction and Elimination Plan***.
- The Office of the Chief Psychiatrist will review the proposed Plan and make a recommendation to the Chief Psychiatrist regarding whether the Plan should be approved. As part of this review, the Office of the Chief Psychiatrist may contact the authorised doctor making the application for further information.

- The Clinical Director and authorised doctor will be advised in writing of the Chief Psychiatrist's decision as soon as possible, but within 2 working days of receiving the Plan.
- In urgent circumstances the Chief Psychiatrist may provide initial approval via email following a telephone discussion with the authorised doctor and receipt of an email from the authorised doctor containing:
  - relevant clinical details regarding the patient,
  - the reasons for use of mechanical restraint,
  - the planned use of mechanical restraint and strategies for the reduction and elimination of use.
- A full ***Reduction and Elimination Plan*** must be provided to the Chief Psychiatrist as soon as practicable/within 24 hours of the email approval being provided.
- A ***Reduction and Elimination Plan*** must not be approved for longer than 7 days and the timeframe for an approved plan cannot be extended. If a patient requires mechanical restraint for a period beyond 7 days, a new Plan must be submitted to the Chief Psychiatrist for approval.
- A ***Reduction and Elimination Plan*** must be recorded on the patient's clinical file and must include the following details:
  - the name and date of birth of the patient
  - the name of the AMHS
  - any previous use of mechanical restraint on the patient
  - any strategies previously used to reduce the use of mechanical restraint on the patient and the effectiveness of the strategies
  - a description of the behaviour that has led to the proposed mechanical restraint
  - a description of significant risks to the patient or others
  - the reasons that the authorised doctor believes there is no other reasonably practicable way to protect the patient or others from physical harm
  - the proposed frequency and duration of mechanical restraint
  - the strategies proposed to reduce and eliminate the use of mechanical restraint.
- The approval of a ***Reduction and Elimination Plan*** does not replace authorisation of each individual period of mechanical restraint. An ***Authorisation of Mechanical Restraint*** form and a medical review must be completed by an authorised doctor every 3 hours as required under the *Chief Psychiatrist Policy: Mechanical Restraint* and section 3 restraint of this Guideline.
- A single ***Reduction and Elimination Plan*** may apply to both mechanical restraint and seclusion. Note that only the Chief Psychiatrist may approve a ***Reduction and Elimination Plan*** that covers both seclusion and mechanical restraint, or mechanical restraint alone. However, seclusion and mechanical restraint must not be used simultaneously.

5 Removal from mechanical restraint

- The authorised doctor **must** remove a patient from mechanical restraint prior to the end of an authorisation period if satisfied the mechanical restraint is no longer necessary to protect the patient or others from physical harm.
- A health practitioner **must** remove a patient from mechanical restraint if:
  - the authorised doctor has stated that a health practitioner may remove the patient from mechanical restraint before the authorised period ends in the ***Authorisation of Mechanical Restraint*** form, and
  - the health practitioner is satisfied the mechanical restraint is no longer necessary to protect the patient or others from physical harm.
- If the patient is removed from mechanical restraint prior to the authorisation ending, the restraints may be reapplied under the same authorisation if necessary to protect the patient or others from physical harm. This movement in and out of restraint must be documented the ***Restraint Record*** which must be attached to the ***Authorisation of Mechanical Restraint***.
- The Chief Psychiatrist may also direct an authorised doctor or health practitioner in charge to remove a patient from mechanical restraint if the Chief Psychiatrist is satisfied the mechanical restraint is no longer necessary to protect the patient or others from physical harm. The authorised doctor or health practitioner in charge must comply with this direction. Reuse of mechanical restraint in these circumstances will require a new authorisation.
- A medical review of the patient, including a physical examination if clinically appropriate and safe to do so, must be undertaken by an authorised doctor at the end of the mechanical restraint.
- In addition, a review (or debrief) with the patient, and where appropriate their support person/s, must be undertaken as soon as is clinically appropriate after the mechanical restraint ends, in order to:
  - enable open discussion about the restraint and the events leading to it
  - allow the patient to ask questions
  - provide an opportunity to identify strategies that may assist in preventing the need for restraint in the future.
- A review (or debrief) for all staff involved in the mechanical restraint of the patient must also be undertaken as soon as practicable after the mechanical restraint ends to evaluate:
  - the triggers which resulted in the need to use mechanical restraint, and
  - the methods used to respond to the need for mechanical restraint.

6 Notifications and recording

- The Administrator of the AMHS must ensure that processes are in place within the AMHS to ensure the Chief Psychiatrist is immediately notified in the circumstances outlined in the *Chief Psychiatrist Policy: Mechanical Restraint*.
- Each time a patient has mechanical restraint applied, the health practitioner in charge of the unit must ensure the following information is recorded in the patient's clinical record on CIMHA:
  - any current ***Reduction and Elimination Plan*** approved by the Chief Psychiatrist
  - the start and end times of each mechanical restraint event
  - the ***Authorisation of Mechanical Restraint*** form, and
  - the ***Application for Approval to Use Mechanical Restraint***.
- In addition, the following information must be recorded in the patient's clinical record, wherever possible in CIMHA.
  - the reasons for the mechanical restraint, including the events that led to the mechanical restraint
  - why there was no other reasonably practicable way to protect the patient or others from physical harm, including any strategies used to prevent the need for mechanical restraint
  - the patient's health at the time of the mechanical restraint, including signs of alcohol or drug intoxication or withdrawal
  - the patient's behaviour during the mechanical restraint
  - whether physical restraint or seclusion directly preceded a mechanical restraint event
  - medications administered up to one hour prior, during and immediately after the mechanical restraint
  - any adverse events related to the mechanical restraint (for example, injury to the patient or staff)
  - the examinations that took place during and immediately after the mechanical restraint
  - the results of all medical reviews of the patient as required under the *Chief Psychiatrist Policy: Mechanical Restraint*, and
  - post-event review details.

Glossary of Terms

AMHS	Authorised Mental Health Service
CIMHA	Consumer Integrated Mental Health Application
MHA 2016	*Mental Health Act 2016*

Referenced Forms, Clinical Notes and Templates

Application for Approval to Use Mechanical Restraint form
Authorisation of Mechanical Restraint form
Reduction and Elimination Plan form
Restraint Record (attached to Authorisation of Mechanical Restraint form)

Referenced Documents & Sources

Chief Psychiatrist Practice Guidelines: Transfers and Transport
Chief Psychiatrist Policy: Mechanical Restraint
Mental Health Act 2016
Police Powers and Responsibilities Act 2000

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