Mechanical and Physical Restraint

Chief Psychiatrist Standing Order 10A

Provisions to Which the Order Relates

Mental Health Act 2013 – sections 3, 6, 11, 15, 57, 92, 95, 96 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 patients in approved hospitals, assessment centres and facilities.
2. An adult patient may only be physically restrained if the restraint is authorised by a medical practitioner, approved nurse, the Chief Psychiatrist (or delegate).
3. Physical or mechanical restraint for a child may only be authorised by Chief Psychiatrist (or delegate).
4. Mechanical restraint for an adult may only be authorised by the Chief Psychiatrist (or delegate).
5. Only devices which have been approved in advance by the Chief Psychiatrist or a delegate may be used to mechanically restrain a patient.
6. A patient may only be physically or mechanically restrained when necessary to:
   - **a.** facilitate the patient's treatment, or
   - **b.** to ensure the patient's health or safety or the safety of other persons; or
   - **c.** to effect the patient' transfer to another facility, whether in Tasmania or another state.

   In addition to the above, a forensic patient may also be restrained for the following reasons:

   - **d.** to facilitate the patient's general healthcare, or
   - **e.** to prevent the patient from destroying or damaging property, or
   - **f.** prevent the patient's escape from lawful custody, or
   - **g.** to provide for the management, good order or the security of, the secure mental health unit.
7. Patients who are physically or mechanically restrained must be examined in accordance with section 57 of the *Mental Health Act 2013* for involuntary patients and section 95 of the *Mental Health Act 2013* for forensic patients.
8. All patients being restrained 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.
9. The administration of any prescribed medication to a patient who is physically or mechanically restrained must not be unreasonably denied or delayed.

Mechanical and Physical Restraint

Chief Psychiatrist Standing Order 10A

10. Patients who are physically or mechanically restrained must not be deprived of physical aids or communication aids required by the patient to communicate on a daily basis except if this is necessary to ensure the patient's safety or to preserve the aids for the patient's future use.

11. 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 Psychiatrist and to the Tasmanian Civil and Administrative Tribunal-Mental Health Stream (TASCAT) or cause a copy of the document to be given to these people/bodies.

12. The actions referred to in paragraph 9 are to be taken as soon as practicable after the restraint is authorised.

Purpose

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

The Order is designed to ensure that physical and mechanical 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 have regard to this Standing Order is not an offence but may constitute proper grounds for instituting professional or, as the case may be, occupational disciplinary action against that individual.

Direction

I, Associate Professor Anthony Cidoni being and as the Chief Psychiatrist, pursuant to sections 152 and 153 of the *Mental Health Act 2013* and section 22 of the *Acts Interpretation Act 1931* hereby:

Revoke all previous directions (standing orders) issued under section 152 of the *Mental Health Act 2013* with respect to the exercise of responsibilities relating to the physical and mechanical restraint of patients with effect from 11.59 pm on 24 September 2023; and

Issue the following direction (standing order) to controlling authorities (and delegates), authorised persons and staff members exercising responsibilities in relation to the physical and mechanical restraint of patients under the *Mental Health Act 2013*, and related matters, with effect from 12.00 am on 25 September 2023

1. The decision to mechanically or physically 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.

Mechanical and Physical Restraint

Chief Psychiatrist Standing Order 10A

2. Neither mechanical nor physical 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 mechanical or physical 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 to 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?
    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. A patient may 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 six (6) hours**. In all other cases, the period authorised **may not exceed three (3) hours**.
6. The person authorising restraint may consult with the Chief Psychiatrist (or Delegate) at any point during the restraint.
7. The Chief Psychiatrist (or delegate) may impose conditions on the restraint of the patient at any point during the period of restraint.
8. A patient is only to be restrained for the period authorised and in no circumstances is the initial period authorised to exceed three (3) hours.
9. The patient must be examined by a medical practitioner at intervals not exceeding three (3) hours.
10. After conducting a physical examination of the patient, a medical practitioner or approved nurse may authorise the continuation of restraint if deemed necessary, for one specified period, not exceeding three (3) hours.
11. Regardless of the authorisation, the restraint must not exceed 6 hours and must not be maintained to the obvious detriment of the patient's mental or physical health.
12. Any additional period, beyond six (6) hours is considered a new episode and can only be authorised by the Chief Psychiatrist (or delegate).

Mechanical and Physical Restraint

Chief Psychiatrist Standing Order 10A

13. Full consideration to less restrictive options and performance of a new risk assessment prior to authorisation being given.

14. 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.

15. Authorisation by the chief psychiatrist (or delegate) is only to be given over the phone if:

- **a.** The person authorising the restraint is satisfied, from the information given to him or her by a medical practitioner or approved nurse 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 apply physical or mechanical restraint.

16. Patients who are mechanically or physically 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.

17. A patient is **not** to be both mechanically restrained and secluded.

18. Any use of mechanical or physical restraint must be in accordance with Chief Psychiatrist Clinical Guidelines and with the policies and procedures of the relevant approved hospital or approved facility.

19. Matters relevant to the use of mechanical or physical restraint must be documented using Chief Psychiatrist Approved Form C10 – Restraint for involuntary patients or F10 – Restraint for forensic patients. The form must be completed as soon as practicable after the decision to restrain the patient is made, and a copy of the Statement of Rights- Seclusion and Restraint be provided to the patient.

20. A copy of the completed form must be forwarded to the Chief Psychiatrist by no later than the close of business on the first business day following the day on which the restraint was authorised.

21. 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.

22. 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 hospital or approved facility where the restraint took place.

Mechanical and Physical Restraint

Chief Psychiatrist Standing Order 10A

23. A monthly report on the use of mechanical or physical restraint within each approved hospital or approved facility is to be provided to the Chief Psychiatrist by no later than 5 working days from the end of each month in which the restraint took place.

Associate Professor Anthony Cidoni

Chief Psychiatrist

Date: 12 September 2023