

# SESLHD GUIDELINE COVER SHEET



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<b>FUNCTIONAL GROUP(S)</b>	Mental Health
<b>KEY TERMS</b>	Restraint, definitions, scenarios
<b>SUMMARY</b>	To provide Mental Health staff with a guide to appropriate classification of Physical restraint, that both complies with the NSW Health definition of Restraint <a href="#">PD2020_004 - Seclusion and Restraint in NSW Health Settings</a> and appropriately differentiates between physical restraint and general support and assistance to a consumer.

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## Contents

Section 1 – Background .....	3
Section 2 – Definition .....	4
Section 3 – Principles.....	5
Section 4 – Responsibilities .....	7
References.....	7
Revision and Approval History .....	7

## Section 1 – Background

The intention of this guideline is to support the NSW Health definition of restraint, to assist Mental Health staff in their decision making, and to promote a consistent interpretation of physical restraint across all the SESLHD Mental Health Services (MHS).

This guideline is not meant to be a comprehensive Guideline of Restraint, and only refers to Physical Restraint definitions and scenarios.

Restrictive practices, such as physical restraint, are often experienced by consumers as traumatic, and consumers with a history of trauma are especially vulnerable to the negative effects of physical restraint.

Continued reduction in the use of all types of restraint has been identified as a high priority for Mental Health Services ([NSW Ministry of Health Policy Directive PD2020\\_004 - Seclusion and Restraint in NSW Health Settings](#) and [Review of Seclusion, Restraint and Observation of Consumers with a Mental Health Illness in NSW Health Facilities 2017](#)).

Clarity of definition of what constitutes physical restraint is a prerequisite for consistent reporting and monitoring.

In 2018, a review of SESLHD Mental Health manual restraint incidents (now referred to as physical restraint in the 2020 policy) that there were varying interpretations of the NSW Health definition of “manual restraint” within the MHS. A working party reviewed the NSW Health definition of manual restraint as defined in (the now rescinded) PD2012\_035 Aggression, Seclusion & Restraint in Mental Health Facilities in NSW and formulated this guideline to provide a set of scenarios to assist MHS staff in their decision making around manual restraint.

This guideline has subsequently been updated to assist MHS staff in their decision making around physical restraint under the current [NSW Health Policy Directive PD2020\\_004 - Seclusion and Restraint in NSW Health Settings](#).

### **References**

[PD2020\\_004 - Seclusion and Restraint in NSW Health Settings](#)

[Review of Seclusion, Restraint and Observation of Consumers with a Mental Health Illness in NSW Health Facilities 2017](#)

## Section 2 – Definition

**The NSW Health Definition of Physical Restraint** in [PD2020 004 - Seclusion and Restraint in NSW Health Settings](#) refers to:

**Physical Restraint:**

*The application by staff of ‘hands on’ immobilisation or the physical restriction of a person to prevent them from harming themselves or endangering others, or to ensure that essential medical treatment can be provided.*

Additional notes associated with the above definition highlight that:

*While restraint is often used when people exhibit ASBD [acute severe behavioural disturbances], the definition also includes the use of physical restraint while administering medical procedures (e.g. blood tests) and to facilitate some treatments (e.g. inserting nasogastric tubes, anaesthetics, intubation).*

*Physically guiding or supporting a person, with their permission, to manage the same clinical procedures safely and effectively is distinguished from physical restraint by the degree of force applied and intention.*

## Section 3 – Principles

This guideline is associated with, and supports, the NSW Health definition of physical restraint, and introduces restraint scenarios to suggest what may be, or may not be, considered as physical restraint.

### SESLHD MHS Guideline

**(Associated with the NSW Health Definition of Physical Restraint: From SESLHD Mental Health Service working group 2018):**

The skilled hands-on immobilisation or physical restriction of a consumer, with the intention to restrict the consumer's voluntary movement, or behaviour, for any reason. Restraint is not simply touching, it is a situation in which staff would not let go if the consumer offered resistance.

### General Principles of Restraint:

- The safety and wellbeing of the consumer, staff and others is paramount
- The restraint is used for urgent intervention only, where all other interventions have been tried, considered and excluded
- Restraint used must be the least restrictive to ensure safety
- Restraint is used for the minimum period of time required
- The consumer is closely reviewed and monitored so that any deterioration in their physical condition is noted and managed promptly and appropriately.

### SESLHD MHS Physical Restraint Scenarios

- 1 Consumer refuses to take any medication. There is a concern of risk of aggression, or there may be a history of aggression. Two staff members escort the consumer, one arm held each, to walk the consumer to an area (bedroom or special care area) for medication. There is a level of resistance exerted by the consumer (refused medication, is not walking on their own) whilst staff members are actually moving them to a safe area. **This is defined as a restraint** as the consumer is held, and staff members would not let go if the consumer offered resistance.
- 2 Consumer is in a courtyard and is refusing to come back into the Unit and it is 2300 hours, raining outside, and cold. They are not aggressive but just refuse to come back into the Unit. Staff members feel obligated to escort the consumer back in, and lay hands on the consumer and escort them inside. Once the consumer is inside the staff members let the consumer go. **This is defined as a restraint** as the consumer is held, and staff members would not let go, if the consumer offered resistance, until the consumer was inside the Unit.
- 3 (a) Consumer is sitting distressed, having blood taken. Staff members need to hold the consumer's arm while the blood is being taken, and the consumer cannot move away. **This is defined as a restraint**, as the consumer cannot move away if they wished to.  
  
(b) Consumer is sitting distressed, having bloods taken. Staff member(s) place their hand on the consumer to ensure their arm is stable for blood taking, and to reassure the

consumer, but the consumer could move away if they wished to. **This is not defined as a restraint**, as the consumer can move away if they wished to.

- 4 (a) Consumer is malodorous and starting to get skin lesions from not attending to normal activities of daily life (ADLs). Many attempts have been made, over several days, to persuade the consumer to have a shower. Staff members verbally encourage them, pick up their belongings and one person guides them to the shower, arm on arm. The consumer then refuses to get under the shower and is taken into the shower by staff members. **This is defined as a restraint**, as the consumer could not leave the shower if they wished to.  
  
(b) Consumer is malodorous and starting to get skin lesions from not attending to ADLs. Many attempts have been made, over several days, to persuade the consumer to have a shower. Staff members verbally encourage the consumer, pick up their belongings, and one staff member guides them to the shower, arm on arm. After much encouragement the consumer gets under the shower, and a staff member washes them, or assists them to wash themselves. **This is not defined as a restraint**, as the consumer has not resisted to go to, and get under, the shower.
- 5 Consumer is required to have an injection, (giving IMI can mean the consumer refused oral medication) and the **consumer is not resisting** the injection. Staff member(s) place their hands on the consumer in case of a sudden movement, for the safety of the consumer (during injection), the staff (needle stick injury) and to reassure the consumer. **This is not defined as a restraint** if the consumer can move away if they wished to.

## Section 4 – Responsibilities

All Mental Health Managers are responsible for:

Ensuring that Mental Health staff members are made aware that this is a guideline only and it is intended to provide support to Mental Health staff members in their decision making associated with definitions of physical restraint.

## References

[PD2020\\_004 - Seclusion and Restraint in NSW Health Settings](#)

[Review of Seclusion, Restraint and Observation of Consumers with a Mental Health Illness in NSW Health Facilities 2017](#)

## Revision and Approval History

Date:	Revision no:	Author and approval
May 2019	0.1	Nicola DiMichiel, Clinical Risk Manager, SESLHD MHS
May 2019	0.1	Circulated to DDCC for review and broader dissemination
June 2019	0.1	No feedback received Endorsed by SESLHD MHS DDCC
July 2019	0.1	Endorsed by SESH MHS Clinical Council
August 2019	0.1	Draft for comment period Returned for refinement
August 2019	0.2	Document amended to clarify that it is specific to Mental Health Service staff
September 2019	0.3	Amendments approved by DDCC. Clinical Council endorsement not required. Executive Sponsor endorsement given for submission to Executive Services for progression.
September 2019	0.3	Processed by Executive Services before submission to Clinical and Quality Council for approval prior to publishing.
October 2019	0.3	Approved by Clinical and Quality Council and published.
September 2020	1.0	Reviewed by working party to ensure alignment with PD2020_004 Seclusion and Restraint in NSW Health Settings
September 2020	1.1	Further review by author in which language was updated as PD2020_004 no longer refers to “Manual Restraint” instead refers to “Physical Restraint”
November 2020	1.1	Endorsed SESLHD MHS Document Development and Control Committee Endorsed SESLHD MHS Clinical Council
May 2021	1.1	Approved by Executive Sponsor.