

Minimising Restrictive Practices In Health Care Toolkit

TOOL 2 Reporting and review of incidents – restrictive practices

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Purpose

The purpose of this tool is to provide an overview of the requirements for reporting and review of incidents where any restrictive practices have been used.

Reporting and review of incidents – restrictive practices

Safety Learning System (SLS)

Patient incidents - All use of restraint or seclusion will be reported into the 'patient incident' module of Safety Learning System (SLS) in accordance with the Incident Management policy.

Security incidents - Where Security officers participate in the application of restraint or seclusion, they will record their involvement in SLS through the security incident classification type. This may have occurred as a result of a Code Black or duress call, or another situation where security officers were present and the situation escalated. Clinical Managers review these reports.

Worker incidents - If any worker or other person is harmed during the application of restraint or seclusion, this will be separately reported in the 'Worker incident' module of SLS and the WHS manager notified.

People under Mental Health orders - For mental health treatment centres, reporting incidents into SLS fulfils requirements under the *Mental Health Act 2009*. The Act requires the Office for the Chief Psychiatrist (OCP) 'to monitor the treatment of voluntary inpatients and involuntary inpatients, and the use of mechanical body restraints and seclusion in relation to such patients' (Section 90 (1) (b) and 98 (2) (c)). The OCP also monitors and reports on incidents where the duration exceeds eight (8) hours for an adult or more than one hour for a child.

Additional patient incident reporting

Notify the Safety and Quality Manager immediately of any restraint or seclusion event where any serious injury or trauma has been sustained by the consumer, or the incident duration exceeds eight (8) hours, or one hour for people 16 years or younger.

Additional Mental Health reporting - Critical incidents

The *Restraint and Seclusion – Recording and Reporting Chief Psychiatrist Standard* also requires that any critical incident is notified to the Office of the Chief Psychiatrist (OCP) and this is done through an additional, separate report to the OCP within one business day. Critical incidents include:

- > any incident when a consumer is injured as a direct result of the restraint or seclusion
- > any incident where a staff member is injured as a direct result of the restraint or seclusion (Note that WHS report also required)
- > any incident of restraint or seclusion over 12 hours
- > any incident of chemical restraint that results in physiological compromise (a GCS below 11) or intubation requires notification to the Office of the Chief Psychiatrist and Mental Health Legislation and Policy within 24 hours or as soon as practicable
- > any incident resulting in the death of a consumer.

Additional Work Health and Safety reporting – Notifiable incidents

Some serious injuries to workers, visitors or others are notifiable under *Work Health and Safety Act 2012*.

Review of incidents – manager or supervisor's role

The role can include, as required:

- > immediate actions, such as ensuring the safety of all people and treatment of any injuries, gathering information and preserving evidence
- > de-briefing worker(s) involved, relief of duties, and referral on for counselling
- > discussion with consumer and carers using Open disclosure principles and practices, and complaint handling
- > post incident investigation, team review, reporting and identifying opportunities for improvement
- > reporting data to relevant committee and used to plan and monitor quality improvement activities.

Reporting and review of incidents – restrictive practices

Safety Learning System (SLS) Topic Guide – Restraint and Seclusion

All use of restraint and seclusion (restrictive practices) are to be reported as incidents affecting a patient into SLS.

Restraint means the intentional restriction of an individual's voluntary movement or purposeful behaviour by physical, chemical, mechanical or other means.

Seclusion means the confinement of a consumer alone in an area from which the person cannot leave of their own volition.

Question/ section	Instructions	Explanation and hints
Subject of incident	Explanation and hints	If worker or other person was also harmed an additional separate SLS report is required, using the heading 'incident affecting worker'.
Person affected	Under 'Type', select 'patient/consumer/client' and complete details.	A box will appear to ask if the patient was harmed or not. If the answer is yes, complete the section 'Harm/Injury details'
Description of the Incident/hazard/event	A brief factual description, without identifying details is required. <ul style="list-style-type: none"> > 'What happened?' to the patient. > 'What was the outcome of the incident/event?' for the patient. > 'Has this incident been disclosed to the patient/family?' 	Other sections below will ask for details. In 'What happened?' describe briefly what led up to use of restraint seclusion. In 'What was the outcome of the incident/event?' describe the result, eg 'patient was physically restrained, then soft shackles applied to wrists for 45 minutes, with 5 minute checks and reassurance'.
Notifier details		> All information is useful, but only your professional group is required.
Incident Classification Level 1 – 3	Level 1 Select Restraint/Seclusion Level 2 Select the primary or main type of restraint/seclusion from the options: <ul style="list-style-type: none"> > chemical restraint (administered medications) > mechanical restraint (applied by devices) > physical restraint (applied by people, ie hands-on restraint) > seclusion. 	For Level 2 – Select primary type of restraint. This may be the type of restraint or seclusion that: <ul style="list-style-type: none"> > was applied for longest duration (eg if there was 5 minutes of physical restraint then mechanical restraint for 3 hours, the mechanical restraints are the primary type); or > caused the harm to the patient (if there was any), eg skin laceration or soft tissue injury from the physical restraint; or > has potentially most serious consequence for patient, eg chemical restraint requiring intubation. If more than one restraint type is used, the others can be selected in a later question.
Result	Select the consequences and likelihood of recurrence of the incident, to give a SAC rating. Refer to SAC matrix. Select appropriate option (harm, no harm, near miss).	Some examples of SAC ratings are: SAC 4 - brief physical restraint in order to administer usual IM medication SAC 2 and 3 - longer duration of restraint/seclusion, or injury of patient during restraint/seclusion SAC 1 - death or brain injury from the application of restraint or during seclusion.

Reporting and review of incidents – restrictive practices

Question/ section	Instructions	Explanation and hints
Additional Restraint/ Seclusion questions	<ul style="list-style-type: none">> Reason(s) for applying restraint/ seclusion> Was the person subject to a Mental Health order?> Additional type(s) of restraint/ seclusion applied?> Total duration of restraint/ seclusion?> Was anyone injured?	<p>Choose the appropriate reason(s).</p> <p>For those in closed MH units where consumers held under other Acts that are not listed (ie forensic clients), select the MH Act option.</p> <p>Choose all types that were applied during the one incident. Additional questions will appear to record type of mechanical restraint used and to record if intubation was required when chemically restrained.</p>
Information	Was anybody else involved? If yes, complete information as required.	<ul style="list-style-type: none">> This can include SA Police attendance, code black team, security, family, bystanders, others. May be more than one person to add. SAAS personnel are listed as 'staff' if present during the incident.

Managers' report in SLS

There are five questions for managers to complete on each incident after review of this report.

1. Is it the first application of restraint/seclusion for this persons admission?: yes/no
2. Was restraint/seclusion applied in response to patient behaviour, with the intention to protect against harm?
3. Was restraint/seclusion by staff to enable treatment or transport that is initiated by staff?
4. How was restraint/seclusion monitored and managed? – options include medication/code called/observations completed/medical reviews/devices released/debriefings completed.
5. Does this adverse event involve a mental health consumer?

It is important that the contact linked to this record is checked to see if this patient already exists in SLS. If you are unsure about how to do this, contact your local SLS Administrator. This will enable:

- > monitoring or tracking of repeated or similar incidents for the individual
- > linking of more than one report for the same incident, eg challenging behaviour that resulted in a worker receiving a bruise.

For more information

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