Reporting restraint and seclusion of a patient

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

It is a requirement of the National Safety and Quality Healthcare Service Standards, The SA Policy on Incident Management, the Mental Health Standards and the Mental Health Act 2009.

**Restraint can be defined as action that uses, or threatens to use force;**

> to enable the doing of an act which the consumer resists, or
> to restrict the consumer's liberty of movement, whether or not the consumer resists.

Seclusion is the confinement of a consumer at any time of the day or night alone in a room or area from which free exit is prevented (National Mental Health Seclusion and Restraint Project (NMHSRP))

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<th>Question / section</th>
<th>Instructions</th>
<th>Explanation and hints</th>
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<tr>
<td><strong>Subject of incident</strong></td>
<td>Select ‘Incident affecting patient’</td>
<td>If worker or other person was also harmed an additional separate SLS report is required, using the heading ‘Incident affecting worker’.</td>
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<td><strong>Person affected</strong></td>
<td>Under ‘Type’, select ‘patient / consumer / client’ and complete details.</td>
<td>A box will appear to ask if the patient was harmed or not. If the answer is yes, complete the section ‘Harm / Injury details’.</td>
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| **Description of the Incident / hazard / event** | A brief factual description, without identifying details is required.  
> “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 what led up to use of restraint seclusion.  
In ‘What was the outcome of the incident / event?’ describe the result, for example, ‘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.  
> Chemical restraint (administered medications)  
> Mechanical restraint (applied by devices)  
> Physical restraint (applied by people, ie hands-on restraint)  
> Seclusion  
Level 3 Select restraint / seclusion for the purpose of patient care and treatment. | For Level 2 – Select primary type of restraint. This is either:  
> the type that was applied for longest duration (eg if there was 5 minutes of physical restraint then mechanical restraint for 4 hours, the mechanical restraints are the primary type); or  
> the type that caused the harm to the patient (if there was any), eg skin laceration or soft tissue injury from the physical restraint; or  
> the type with 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 |
| **Incident Classification SAC rating 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. |
Topic Guide

Additional Restraint / Seclusion questions

> 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?

Choose the appropriate reason(s).
For those in closed MH units where consumers held under other Acts that are not listed (ie forensic clients), select the MH Act option.
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.
Choose the time frame that best applies to the incident.

Additional information

Was anybody else involved? If yes, complete information as required.
This can include SAPOL 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 reports in SLS

There are 5 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. Reason restraint / seclusion applied - in response to patient behaviour with intention to protect against harm.
3. Reason restraint / seclusion applied - initiated by staff to enable treatment or transport.
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 is already existing 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, for example challenging behaviour that resulted in a worker receiving a bruise.

To meet legislative requirements, the Office for the Chief Psychiatrist (OCP) collates data from SLS about the use of restraint / seclusion in Mental Health services, particularly Critical incidents and any restraint or seclusion lasting more than 8 hours, or more than 1 hour for a child.

For more information

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