

OFFICIAL

SA Health

Policy

Minimising Restrictive Practices

Version 2.1

Approval date: 8 October 2024

PDS Reference No: D0380



Government
of South Australia

SA Health

1. Name of Policy

Minimising Restrictive Practices

2. Policy statement

This policy provides the mandatory requirements for SA Health services to minimise, or eliminate, the use of restrictive practices to ensure patients are provided with the highest quality of care in accordance with their decision-making capacity and healthcare needs.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS).

Out of Scope

This policy does not apply to:

- > Any patient placed under a legal authority under the [Mental Health Act 2009](#) (SA) for treatment, this includes inpatient treatment order, community treatment order or care and control.
- > People who are not patients or consumers receiving treatment of the health care service.
- > Registered residential aged care facilities, and residential aged care beds within multi-purpose sites.
- > Registered National Disability Insurance Scheme (NDIS) service providers providing care to NDIS participants.
- > Where a conflict exists with another statutory requirement under the [SA Road Traffic Act](#), [Australian Road Rules](#) (s 265 & 266) and the [Civil Aviation Safety Regulations 1998](#).
- > Where statutory requirements exist for a patient who is under arrest or is in the custody of SA Police or the Department of Correctional Services.

4. Policy principles

SA Health's approach to minimising restrictive practices is underpinned by the following principles:

- > We will complete comprehensive assessments and implement strategies to minimise restraint to ensure restrictive practices are only initiated as a last resort.
- > We will consider patient welfare, dignity, human rights, decision-making capacity, and cultural considerations prior to initiating restrictive practices.
- > We will only initiate restrictive practices to the extent that is reasonably necessary, when all alternative strategies have failed and in the least restrictive manner possible.
- > We will report on the use of restrictive practices for the effective management of challenging behaviour.
- > We will support and guide patients, families, carers, workers, and other people through recovery throughout and on cessation of the restrictive practice.

5. Policy requirements

Minimising Restrictive Practice

- > Clinicians must take all reasonable steps to prevent the need for restrictive practice when working with patients who are exhibiting or have exhibited challenging behaviour, in accordance with the [Preventing and Responding to Challenging Behaviour Policy](#) and [toolkit](#).
- > Where practicable the patient's carer/family must be engaged to assist in developing strategies to minimise the use of restrictive practices.
- > Restraint must only be considered as a last resort when all other practical means of managing the situation, have been attempted.

Initiation of Restrictive Practices

- > Initiation of restrictive practices must only be considered where:
 - Legal authority to restrain is applicable:
 - Where a patient has decision-making capacity and consents to the restrictive practice;
 - Where a parent or guardian of a child who is not yet of adequate maturity consents to very limited and brief restrictive practices to support treatment;
 - Where the patient does not have decision making capacity and restrictive practices are required to provide treatment that will prevent death or serious permanent harm to the patient;
 - Where a substitute decision-maker or guardian with additional powers to authorise the use of restrictive practices (under Section 32 of the [Guardianship and Administration Act 1993](#)) consents to restrictive practices to facilitate the treatment or care of the patient; or
 - By an authorised officer as per section 43 of the [Health Care Act 2008](#) (SA) to restrain a consumer who meets the requirements of section 43(1), to the extent necessary to comply with section 43(2) of the Act.
 - No direct legal authority to restrain applies (as listed above), and:
 - There is a risk of significant or serious harm to the patient, self or others, which cannot be effectively managed in a less restrictive way.

Prohibited Use of Restrictive Practices

- > Restrictive practices must not be used:
 - To address inadequate levels of staffing, equipment, or facilities.
 - As a punishment or for the convenience of others.
- > The following forms of restraint (or acts during restraint) must not be used:
 - Prone/Supine position restraint.
 - Psycho-social restraint.
 - Exclusion.
 - Restrictions to any part of the respiratory or digestive function.
 - Inflicting pain.

Application of Restrictive Practices

- > Prior to the to the application of restrictive practices:

- The initiating practitioner, as per a [Guardianship and Administration Act 1993](#) section 32 legal order, must document that they have sighted the guardianship order and special power orders pertaining to restrictive practices.
- Decision-making capacity of the patient must be assessed and documented.
- Where there is challenging behaviour, discussion on the patient's rights and choices must occur.
- The patient's family/carer, substitute decision maker or "person responsible" must be consulted with (or as closely as practically feasible to the application of restrictive practices)
- > Restrictive practices must only be applied:
 - By persons as detailed within the relevant legislation, and/or who have appropriate training for the management of restrictive practices relating to the specific patient cohort, and
 - Only to the extent that is reasonably necessary, for the shortest possible time and with least restriction.
- > The self-respect, dignity, privacy, cultural values, race, and any special needs of the patient must be considered in so far as is reasonably practicable when applying restraint.
- > Health and wellbeing assessments must be conducted frequently throughout the use of restrictive practices.

Removal of Restraint

- > Restraint must be removed where there is:
 - A risk of harm from the restrictive practice which outweighs other risks; or
 - Deterioration to the patient's health condition or injury caused; or
 - No longer an imminent risk of death or serious harm to the patient or others; or
 - A change in the patient's decision-making capacity resulting in the ability to provide or deny consent.

Reporting and Recovery

- > Clear and comprehensive documentation must be kept throughout the restrictive practice process, as guided by the [Minimising Restrictive Practices Clinical Guideline](#).
 - Documentation must include all occurrences and types of restrictive practices used.
- > The Safety Learning System (SLS) must be used to report:
 - All use of restrictive practices:
 - While awaiting a legal authority,
 - That cause injury or harm to the patient,
 - Is applied as a result from challenging behaviour in accordance with the [Clinical Incident Management Policy](#).
 - Any injury or harm to staff or other person during the application of restraint or seclusion, through the worker incident classification type.
 - Participation of security officers in the application of restraint or seclusion, through the security incident classification type.
- > Support and debriefing must be available to all people involved in an incident where restrictive practices have been applied.

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Advance Care Directives Policy](#)
- > [Aging and Adult safeguarding \(Restrictive Practices\) Amendment Bill 2021](#)
- > [Charter of Human Rights and Responsibilities Bill 2020](#)
- > [Clinical Incident Management Policy](#)
- > [Consent to Health Care and Medical Treatment Policy](#)
- > [Consent to Medical Treatment and Palliative Care Act 1995 SA](#)
- > [Guardianship and Administration Act 1993](#)
- > [Health Care Act 2008](#)
- > [Preventing and Responding to Challenging Behaviour Toolkit](#)

7. Supporting information

- > [Aged Care Quality and Safety Commission Restrictive Practices Provider website](#)
- > [Behaviour Management: A Guide to Good Practice – Dementia Support Australia](#)
- > [Disability Inclusion \(Restrictive Practices - NDIS\) Regulations 2021](#)
- > [Impaired Decision-Making Factsheet](#)
- > [Minimising Restrictive Practices Tool Clinical Scenarios: When is it restraint?](#)
- > [Minimising Restrictive Practices Clinical Guideline](#)
- > [People in Custody – Care and Treatment in Public Hospitals and Health Services](#)
- > [Restraint and Seclusion Policy and Guideline](#)
- > [Restrictive Practices Guidelines – Department of Human Services](#)
- > [Voluntary Assisted Dying Clinical Guideline](#)

8. Definitions

- > **Chemical Restraint:** means the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness, or a physical condition.
- > **Environmental Restraint:** means a practice or intervention that restricts or involves restricting a person's free access to all parts of their environment, including items or activities, for the purpose of influencing their behaviour.
- > **Exclusion** means excluding the patient from their own healthcare discussions.
- > **Guardian:** means a person who has been appointed under the [Guardianship and Administration Act 1993](#) or a person who is a legal guardian of a minor.
- > **Mechanical Restraint:** means the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.

- > **Person Responsible:** means the person responsible for a patient in accordance with the *Consent to Medical Treatment and Palliative Care Act 1995 SA Part 2A ss14*.
- > **Physical Restraint:** means the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.
- > **Prone/Supine position restraint:** means forcing the person into a face up or face down position.
- > **Psycho-social restraint:** means staff withhold basic human rights such as drinks, social interaction, communication, or staff use verbal coercion or threats to control patient's behaviour.
- > **Restrictive practice** means the use of any form of restraint, including chemical restraint, environmental restraint, mechanical restraint, and physical restraint, as defined within this policy.
- > **Risk of harm to others:** means the use of force against another person, or an express or implied threat that force will be used against another person, or behaviour that substantially increases the likelihood that physical or mental harm will be caused to any other person (whether intentionally or unintentionally)
- > **Risk of harm to self:** means self-harm, or an express or implied threat of self-harm, or behaviour that substantially increases the likelihood that physical or mental harm will be caused to the person (whether intentionally or unintentionally)
- > **Seclusion:** means the confinement of the patient any time of the day or night alone in a room or area from which free exit is prevented.
- > **State-wide services:** means State-wide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.
- > **Substitute decision maker:** means a person who has been appointed as such under the [Advance Care Directives Act 2013](#)

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Risk Management, Integrated Compliance and Internal Audit Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance, Safety and Quality and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain

Title: Minimising Restrictive Practices Policy

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11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	07/05/2015	Portfolio Executive	PE Approved Version
1.1	02/11/2015	Safety and Quality Unit, System Performance and Service Delivery	Minor amendments
2.0	17/04/2024	A/Chief Executive, DHW	Reviewed and updated to align with the Policy Framework and legal advice
2.1	08/10/2024	Safety and Quality, Clinical Governance Domain Custodian	Minor updates to definitions and reporting and recovery

12. Appendices

Nil