

Minimising Restrictive Practices In Health Care Toolkit

TOOL 1 What are restrictive practices, and what types are there?

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Introduction

Restrictive practices can cause harm to patients/consumers. The purpose of this tool is to provide assistance to clinical staff in deciding whether their actions constitute a restrictive practice. The overall aim of the policy directive and toolkit is to minimise the use of restrictive practices.

The application of any restrictive practice is an infringement of a person's right to free movement and decision-making.

Ethical, legal, practical, and professional considerations determine the difference between potentially unacceptable or abusive restraint, and the circumstances in which restraint or seclusion may be justified, or positively required.

Restrictive practices should not be used as a punishment or for the convenience of others, or as an alternative to adequate staffing or resources to provide safe care, or in an unsuitable environment for the individual's appropriate care.



What are restrictive practices, and what types are there?

Part 1 – Definitions and other terms for restrictive practices

Restrictive practice means all the types of restraint, containment and seclusion.

Restraint is the restriction of an individual's freedom of movement by physical or mechanical means (*Mental Health Drug and Alcohol Principal Committee, Safety and Quality Partnership Standing Committee, Restraint working group, Draft National definitions for Restraint, 2014*).

Restraint has also been described as action that:

- > uses, or threatens to use force to stop a person doing something they appear to want to do (whether or not they resist)
 - when the consumer's actions are putting themselves or others at risk of harm, intentionally or unintentionally, or
- > restricts a person's movement, so that something can be done to them
 - most commonly, to enable safe provision of lawful and necessary health care, or transport to a health care facility, with consent or under a legal order.

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

Care and Control

- > Care is defined as the responsibility for and treatment of a person with an illness.
- > Control is defined as influence and authority over a person. For section 56 under the *Mental Health Act 2009*, care and control is the use of your vocal, social and physical presence to influence and manage a person, to facilitate their assessment and/or treatment. A person you have made subject to section 56 powers is legally obliged to follow your instructions.

Further information is available:

- > Section 56 – Care and Control, Fact Sheet – *Mental Health Act 2009* SA Health Office of the Chief Psychiatrist and Mental Health Policy
- > Authorised Officers - Fact Sheet – *Mental Health Act 2009* SA Health Office of the Chief Psychiatrist and Mental Health Policy

Main types of restraint

- > **Physical** (or manual, or bodily) restraint is the hands-on immobilisation, or the physical restriction, of a consumer by one or more workers holding, moving or blocking the person.
- > **Mechanical** restraint is the application of equipment, devices (including belts, harnesses, sheets and straps) on, or around a consumer's body.
- > **Pharmacological** (or chemical) restraint is where the primary purpose of administering medication is to sedate or control the behaviour of a person, then the use of that medication is a chemical restraint (*Office of the Public Advocate 2012*).

Other terms

- > Containment or **environmental restraint** means a type of restraint that is not applied directly to a person's body, but limits freedom of movement beyond a specified area. Examples include a secure ward for care of people with dementia, or bed rails.
- > **Emotional** restraint is where verbal, non-verbal and/or physical intimidation or coercion is used to alter or restrict a person's choice of behaviour or to actively encourage or discourage particular behaviour. Intimidation and verbal or physical threats are unacceptable in health care.

What are restrictive practices, and what types are there?

Part 2 - When is it restraint or seclusion, when isn't it?

It is not always clear whether an action is restraint or seclusion. The key test is the primary intent of the clinicians in applying restrictive restraint, and whether consent has been given - if it is applied solely or primarily to limit the consumer's movement or mobility, or behaviour, then it is most likely to be restraint.

If medication, mechanical body restraints and seclusion are used as a punishment or for the convenience of others, they are considered to be a restrictive practice (*Mental Health Act 2009*).

The same actions can be viewed as restraint in one situation but not in another. For example attaching a tray table to a chair can assist the consumer while eating the meal (not restraint), but later restrict their ability to get up and walk (restraint). The difference hinges on the clinical intent of the use of the equipment.

The use of seclusion is restricted to mental health treatment centres where there is expertise and appropriate facilities. Further information and FAQs are available in Fact sheet 8 Restraint and seclusion reporting (SA Health Policy Guideline Restraint and seclusion in mental health).

2.1 Pharmacological/chemical restraint

There is no agreed definition that will cover all situations and all medications because some medications are therapeutic for person's illness and also have a sedative effect.

The use of medication is deemed therapeutic if the primary purpose of the administration of the medication is the treatment of symptoms of mental illness and/or psychological distress, irrespective of any concomitant sedative effect.

The key principles are whether the primary intent of the administration of medication is restraint, or therapeutic.

The *Mental Health Act 2009* specifies that medication should be used only for therapeutic purposes or safety reasons, and not as a punishment or for the convenience of others (when it would be considered to be restraint).

The Office of the Public Advocate, South Australia provides the following points:

- > If the primary purpose of administering medication is to subdue or control the behaviour of the person, then the use of that medication is a chemical restraint.
- > Likewise the use of medication when needed (PRN), for the primary purpose of controlling behaviour, is a restraint.
- > If the medication is used to treat a person's illness (psychiatric or physical), then it is not viewed as a restraint but as a treatment.
- > If information regarding the primary purpose of administering the medication is not available, the intervention should be considered a chemical restraint.

This last point emphasises the importance of documentation of the clinical rationale for use of restrictive practices.

A proposed definition is the administration of medication where the primary purpose is to manage behaviour that has not arisen from mental illness (SA Mental Health Strategy).

The intended level of sedation can also be an indicator of the intention to restrain, for example if the aim is calming and alleviation of agitation, it is less likely that this could be considered restraint, than if the intention is that the person sleeps.

2.2 Equipment that might be used to restrain

There are some types of equipment that are professionally manufactured and designed for the purpose of restraint. Use in accordance with manufacturers instructions. These devices are always used with the intent to restrain.

Other equipment is designed for other purposes, but might be used as a restraint. If the effect is intentional restriction of the person's mobility, all of the care, monitoring and recovery described in Tool 4 - Safe application of restrictive practices, must be applied.

Examples are described below.

- > A concave mattress may assist in preventing a person with a brain injury or epilepsy from unintentionally rolling off the bed. However, the same mattress is a restraint if it is used to prevent a frail person voluntarily getting out of bed when they want to, by creating a physical barrier that they cannot move past.
- > Furniture such as bed rails are a restraint when they are used with the intent of restricting a consumer's freedom of movement. These can create a hazard if the consumer is confused and has sufficient mobility to climb over or around them, or they are poorly fitted and create risk of entrapment.

- > Tray tables attached to chairs assist with meals, but become a restraint if used at other times to prevent a person from getting up.
- > Lap belts attached to wheel chairs are a safety device during transport, but are a restraint if used at other times to prevent a person from getting up.
- > Sheets and blankets can be used as restraint if applied so that the person is immobilised.
- > Weighted vests or belts have a use as part of physiotherapy and rehabilitation. If used to prevent a consumer from getting up from a chair, this is restraint.

Part 3 - Examples of practices that would not be considered restraint

These examples are provided to clarify when a report is not required into Safety Learning System (SLS).

- > Use of a medical or surgical appliance, such as a plaster cast, traction or splint for the proper treatment of physical disorder or injury.
- > Deliberate isolation for infection control or during radio/chemotherapy.
- > Use of devices to support function, eg specialised seating, orthoses and harnesses.
- > Infant wrapping.
- > Use of side rails (cot sides):
 - when beds or barouches are being moved from place to place
 - when a consumer requests them
 - when only on one side of the bed and the person can exit from the other side
 - to prevent rolling off the bed during sleep, or as a result of spasm, involuntary movement etc.
- > Use of seatbelts or lap belts when wheelchairs are being moved from one place to another, or during transport.
- > Use of tray tables at mealtimes.
- > Using mittens to prevent removal of a nasogastric tube or catheter.
- > Therapeutic holding, which is described as brief immobilisation of a (child with the child's or parent/guardian's consent), or an adult (with their consent, or at their request) through a staff member holding the person. It:
 - is usually used during a brief painful procedure such as injection or taking blood, dressing wounds, lumbar puncture
 - can be avoided through use of distraction techniques, and these are the preferred option
 - is also termed supportive holding or clinical holding
 - is not considered to be restraint if used with consent (as described) and with minimal force, for the delivery of lawful health care.

For more information

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