

Seclusion and Restraint in NSW Health Settings

Summary This document outlines the principles, values and procedures that underpin efforts to prevent, reduce and, where safe and possible, eliminate the use of seclusion and restraint in NSW Health settings. It promotes a human rights approach and the use of least restrictive practices.

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SECLUSION AND RESTRAINT IN NSW HEALTH SETTINGS

POLICY STATEMENT

NSW Health's commitment to preventing seclusion and restraint aims to improve safety for people accessing public health services and staff.

This Policy Directive outlines the principles, values and procedures that underpin efforts to prevent, reduce and, where safe and possible, eliminate the use of seclusion and restraint in NSW Health settings.

SUMMARY OF POLICY REQUIREMENTS

This policy applies to all NSW Health staff working in all NSW public health settings.

Seclusion and restraint must only be used as a last resort, after less restrictive alternatives have been trialled or considered. The principle of least restrictive practice is common across all settings. It means NSW Health staff will maximise a person's choices, rights and freedom as much as possible while balancing healthcare needs and safety for all.

The safety of staff must be maintained at all times, including during the planning, initiation, undertaking, monitoring and cessation of the seclusion and restraint of a person.

NSW Health services must have systems that:

- minimise and, where possible, eliminate the use of seclusion and restraint
- govern the use of seclusion and restraint in accordance with legislation
- report use of seclusion and restraint to the governing body.

All local health districts, specialty health networks and NSW Ambulance must have local procedures in place that are consistent with the principles and requirements identified in this policy by July 2020.

NSW Health districts and networks and NSW Ambulance must develop, implement and annually review a service level action plan to prevent, reduce and, where safe and possible, eliminate the use of seclusion and restraint, in collaboration with staff, those accessing health services, carers and families.

REVISION HISTORY

Version	Approved by	Amendment notes
March-2020 (PD2020_004)	Deputy Secretary, Health System Strategy and Planning	Replaces PD2012_035 and January 2015 PD2015_004 with updated information

ATTACHMENTS

1. Seclusion and Restraint in NSW Health Settings: Procedures.

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1 BACKGROUND

1.1 About this document

NSW Health is committed to minimising and, where safe and possible, eliminating the use of seclusion and restraint.

The aim is to maintain and protect the safety of all people accessing services, staff and visitors.

It is not unusual for staff or others to raise concerns that safety will be compromised if seclusion and restraint are reduced. Current evidence indicates that reducing seclusion and restraint will minimise physical and psychological harm experienced by people accessing services and staff. This policy aligns with the National Safety and Quality Health Service Standards (2nd edition) requirements for minimising harm.

It articulates principles that apply to all NSW Health settings. It describes mandatory requirements and how these are tailored for specific healthcare contexts.

Section 3.9 outlines additional requirements for specific settings.

The principle of least restrictive practice is common across all settings. It means NSW Health staff will maximise a person's choices, rights and freedom as much as possible while balancing healthcare needs and safety for all. This requires leadership committed to:

- protection of human rights
- maintaining a safe workplace
- a just and learning culture
- a prevention approach to reducing seclusion and restraint
- respectful behaviours and interactions at all service levels
- recognising and addressing potentially traumatising or triggering environments and behaviour
- adequate staffing and resources, including training and supervision
- collaboration and co-design with those directly affected by the practices of seclusion and restraint.

1.2 Key definitions

NSW Health recognises that language has an impact on people and the use of inclusive and contemporary terms can minimise stigma.

This Policy is informed by current practice and consultation with people accessing NSW Health services and service providers. Key definitions for seclusion and restraint align with the National Safety and Quality Health Service Standards (2nd Edition).

Definitions may vary for legal purposes. Where there is variation, practice must be consistent with applicable legislative definitions and requirements. **In some cases,**

practices that do not meet the policy definition of restraint used in this document will still require appropriate consents.

Given the scope of this Policy, the words 'person', 'people' or 'individuals' have been used to refer to anyone accessing NSW Health services

Word/Term	Definition	Additional notes
Acute Sedation	Acute sedation is the temporary use of medication to reduce agitation, irritability and ASBD for the purpose of assessment and treatment.	<p>Acute sedation is not considered chemical restraint when it allows for assessment to be continued and treatment for the underlying condition to be commenced.</p> <p>NSW Health recognises that acute sedation may be experienced or perceived as coercive by people accessing services, carers, families and others.</p> <p>It is important that this practice is safely managed by expert clinical decision making around the level of sedation and by adherence to current clinical guidelines. The aim is to achieve an appropriate and safe level of sedation quickly with sufficient medication to manage ASBD and to facilitate an accurate assessment and appropriate management of the person's underlying condition. The level of sedation should ensure the person is drowsy but they must be rousable.</p>
Acute Severe Behavioural Disturbance (ASBD)	Behaviour that puts the person or others at immediate risk of serious harm. This may include threatening or aggressive behaviour, extreme distress and self-harm.	<p>Examples of indicators of ASBD may include: aggression, hostility, physical and verbal intimidation, hitting, spitting, cutting, kicking, throwing objects, damaging equipment, using weapons or objects as weapons, and highly disinhibited behaviours, including sexual disinhibition.</p> <p>While behavioural concerns associated with issues such as acquired brain injury, dementia or cognitive impairment may be longstanding, the use of the word 'acute' signals the need to address the behavioural concern now.</p>
Carer	Carer is used to describe a person who provides ongoing unpaid support to a family member or friend who needs help because of disability, medical condition (terminal or chronic), mental illness or ageing. Carers may support their family member or friend when accessing NSW Health services.	<p>Carer is defined under the NSW Carers (Recognition) Act 2010. Consent and information provision to a carer must be in line with the relevant legislation. Depending on legislation, such as Mental Health Act 2007, different terms include:</p> <p>Representative; primary care-giver; primary carer; person responsible; designated carer; principal care provider.</p>

Word/Term	Definition	Additional notes
Chemical Restraint	The use of a medication or chemical substance for the primary purpose of restricting a person's movement.	<p>The definition of chemical restraint is a challenging issue. This is partly due to the need to attribute a purpose to the use of the medication.</p> <p>Medication (including PRN) prescribed for the treatment of, or to enable treatment of, a diagnosed disorder, a physical illness or a physical condition in line with current clinical guidelines is not considered chemical restraint.</p>
Least Restrictive Practices	Practices that maximise the autonomy, rights, freedom, wellbeing and safe care of the person as much as possible while balancing healthcare needs and safety for all.	Environments should be safe, supportive and least restrictive. Staff must not withhold access to spaces or items unnecessarily, unless there are safety reasons for people accessing services, staff and others.
Mechanical Restraint	The application of devices to a person's body to restrict their movement. This is to prevent the person from harming themselves or endangering others, or to ensure that essential medical treatment can be provided.	<p>Mechanical Restraint devices must be authorised/approved by designated staff for use in each setting and for each occurrence of use and must be used only by authorised and trained staff.</p> <p>The use of furniture or other equipment solely for the purpose of restraining a person's freedom of movement is considered mechanical restraint. The application of limb restraints on both arms and legs at once is known as a four-limb restraint and requires a high level of observation.</p> <p>The use of a medical or surgical appliance for the proper treatment of physical disorder or injury (for example, a splint to treat a fracture) is not considered mechanical restraint. In these instances, the appliances are the treatment. This is different from a device to restrain a person to ensure treatment is provided.</p> <p>Safety practices that are consistent with developmental norms, such as the use of cots, prams or high chairs for infants and toddlers, are not considered mechanical restraint. The use of wheelchairs or postural devices to assist mobility are not considered mechanical restraint.</p>

Word/Term	Definition	Additional notes
		<p>The use of bedrails as a safety mechanism to reduce the risk of a person accidentally falling out of bed is not considered mechanical restraint for the purpose of this policy, except in the circumstances associated with physical restraint as outlined in the Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019 (see Section 3.8) and the Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019.</p> <p>An individual in a NSW Health aged care facility or hospital may specifically request to use a restrictive item to provide them with an enhanced feeling of safety or security. Where this is an informed decision, this individual’s choice should be acknowledged, monitored and documented in their Health Care Record. An informed decision would require that other options have already been discussed with the person.</p>
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.	<p>While restraint is often used when people exhibit ASBD, 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).</p> <p>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.</p>
Restraint	The restriction of an individual's freedom of movement.	<p>The scope of restraint in this policy is mechanical, physical and chemical restraint. These types of restraint are separately defined in this section for the purposes of this policy.</p> <p>Aged care legislation defines restraint as any practice, device or action that interferes with a person’s ability to make a decision or restricts an individual’s freedom of movement.</p>
Seclusion	The confinement of a person, at any time of the day or night, alone in a room or area from which free exit is prevented.	The intended purpose, duration and location are not relevant in determining what is or is not seclusion.

Word/Term	Definition	Additional notes
		<p>Seclusion applies even if the person agrees or requests the confinement. However, if voluntary isolation is requested by a person and they are free to leave at any time then this does not meet the definition of seclusion.</p> <p>The person’s awareness that they are confined alone and denied exit is not relevant to the definition of seclusion.</p> <p>The structure and dimensions of the area to which the person is confined are not relevant. For example, if a person is confined alone and prevented from leaving a courtyard, safe assessment room, their bedroom or other area, this meets the definition of seclusion.</p> <p>If a staff member (or other) is with the person, this does not meet the definition of seclusion.</p> <p>For residential aged care, seclusion is considered an ‘extreme restraint’ and must not be used.</p>

1.3 Legal and legislative framework

There needs to be a lawful purpose to restrain any person or to use seclusion.

All staff must understand relevant consent processes and legislative requirements for the use of seclusion and restraint in their setting.

The lawful basis will depend on the circumstances. In some cases, there will be consent. This will often occur where restraint is an incidental part of treatment and the person, or their substituted decision maker, has given consent to the treatment and there is express or implied consent to the restraint. There may be a legislative basis underpinning the restraint or seclusion, such as restraint used to provide involuntary treatment to people detained under the Mental Health Act 2007. Where a person lacks capacity and there is a need to use seclusion or restraint, the Civil and Administrative Tribunal of NSW has the power to authorise a guardian to approve the use of restrictive practices.

Seclusion or restraint may be used as an act of self-defence to defend oneself or another person during an assault which is likely to continue or to prevent a threatened and imminent assault. In such cases, the person carrying out the restraint or seclusion must believe that it is:

- necessary to defend him or herself or another person, or to protect property, and
- a reasonable response to the circumstances.

In these circumstances, restraint or seclusion must only be carried out as a last resort and occur only until the risk has passed.

In all cases, no more force is to be used than is reasonable and proportionate in the circumstances and necessary to deal with the risk of harm.

A public health facility owes a duty of care to any person they restrain or seclude and is to take all reasonable steps to minimise harm and provide and maintain a safe workplace. Staff must be trained in the use of seclusion and restraint and must be aware of the impacts of such practices.

Local health districts (LHDs), specialty health networks (SHNs) and NSW Ambulance must adhere to legal, privacy and consent requirements, particularly in relation to:

- [Aged Care Act 1997 \(Cth\)](#)
- [Aged Care Legislation Amendment \(Quality Indicator Program\) Principles 2019](#)
- [Children and Young Persons \(Care and Protection\) Act 1998](#)
- [Carer Recognition Act 2010](#)
- [Drug and Alcohol Treatment Act 2007](#)
- [Guardianship Act 1987](#)
- [Health Records and Information Privacy Act 2002](#)
- [Mental Health Act 2007](#)
- [Mental Health \(Forensic Provisions\) Act 1990](#)

- [National Disability Insurance Scheme Act 2013 \(Cth\)](#)
- [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018 \(Cth\)](#)
- [Quality of Care Principles 2014 \(applies to Aged Care\)](#)
- [Quality of Care Amendment \(Minimising the Use of Restraints\) Principles 2019](#)
- [Work Health and Safety Act 2011.](#)

Staff are encouraged to read this policy in conjunction with other NSW Health and Commonwealth policies, guidelines and reports (see Attachment 2).

2 PRINCIPLES AND VALUES

NSW Health is committed to carrying out the principle of least restrictive practice in line with a human rights based approach and the PANEL principles of Participation, Accountability, Non-discrimination, Empowerment, Legality. The principles of prevention and trauma informed care also apply to this policy.

Application of these principles is supported by NSW Health’s CORE values of Collaboration, Openness, Respect and Empowerment.

Principle	Applying the principle
Prevention	NSW Health services use a proactive and multicomponent approach and structured quality improvement to reduce seclusion and restraint. The Six Core Strategies to Reduce Seclusion and Restraint Use is an example of a multicomponent prevention approach. Services strengthen a culture of mutual respect, quality and safety and provide adequate resourcing to support the prevention of seclusion and restraint. Prevention occurs at both a system level (therapeutic programs, models of care, built environment) and an individual level (risk assessment, safety planning, positive behaviour support).
Least restrictive	NSW Health services maximise a person’s choices, rights and freedom as much as possible while balancing safety (of people accessing services, staff and others) and healthcare needs. Environments are safe, supportive and respect a person’s dignity and privacy.
Participation	NSW Health services take a person-centred approach and collaborate with people accessing services and their carers and family regarding their care and treatment.
Accountability	NSW Health services have governance arrangements to authorise and review the use of seclusion and restraint.
Non-discrimination	NSW Health services respect the rights and dignity of all people. Services pay attention to the needs of particular groups that have faced barriers to realising their rights. This includes but is not limited to Aboriginal people, people with disabilities, children and young people, older people, refugees, lesbian, gay, bisexual, transgender, intersex (LGBTI) people, culturally and linguistically diverse (CALD) groups.
Empowerment	NSW Health services work in partnership with people and their carers and families. Collaboration and co-design happen at an individual and a service level. Services promote hope and build trust.
Legality	NSW Health services comply with relevant legislation, understand the human rights implications of restrictive practices and continually consider the principles of fairness, respect, equality, dignity and autonomy, as well the safety of people accessing services, staff and others.
Trauma informed	NSW Health services understand and respond to the prevalence and impacts of trauma, supporting care that does not traumatise or re-traumatise the person. Services provide care that is person-centred and recovery-oriented and upholds human rights. Services recognise that seclusion and restraint can be very traumatic for many people and may increase distress, re-traumatise and trigger memories from past trauma. Trauma informed care is applied in all

health settings. Services recognise and address provocative and triggering practices and behaviour. NSW Health services also recognise and respond effectively to the risk of trauma for staff.

NSW Health services recognise that many Aboriginal people have experienced and continue to experience significant intergenerational and other trauma. They take this into account when designing and providing care.

Services consider cultural obligations (e.g. Aboriginal family and community roles) and personal backgrounds of staff when allocating roles during a seclusion or restraint episode.

3 KEY REQUIREMENTS

NSW Health organisations must recognise that while the use of seclusion and restraint as a last resort may be necessary to keep people safe, it can also be traumatic and harmful for staff, people accessing services, carers and families and must be minimised.

Particular attention must be given to:

- Aboriginal people and families
- people with disabilities
- people with mental health issues or substance misuse
- people with medical conditions (including pregnancy)
- people with identified trauma
- children and young people
- older people, especially those with cognitive impairment or behavioural and psychological symptoms of dementia (BPSD)
- refugees
- LGBTI people
- CALD groups
- people who are at risk of self-harm or suicide
- staff at risk of vicarious trauma.

3.1 Prevention

NSW Health organisations must develop and implement a service level action plan to reduce and where safe and possible prevent seclusion and restraint, in collaboration with staff, people accessing services, carers and families.

In addition, NSW Health organisations must have local protocols and procedures outlining prevention strategies to reduce, and where possible, eliminate the use of seclusion and restraint.

NSW Health organisations must ensure adequate staff numbers, peer support and appropriate skill mix to maintain a safe workplace for people accessing services, staff and others.

Proactive approaches that take steps to address the person's needs (e.g. communication strategies, sensory preferences, positive behaviour support plans) are encouraged.

NSW Health staff must collaborate with the person, their carers and families (as applicable), to understand potential triggers which may cause the person to become distressed and unsafe. Safety planning is intended to identify individual strengths, self-soothing techniques and helpful strategies for staff to use to attempt to de-escalate potential risk. Trauma informed care principles must guide the prevention of seclusion and restraint.

NSW Health organisations must ensure staff have appropriate access to mandatory training to prevent and respond to potential and actual aggression and violence in line with PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations. This includes understanding the key causes and components of difficult, challenging or disturbed behaviour, prevention and de-escalation.

3.2 Use of seclusion and restraint

NSW Health organisations must develop local protocols to guide the use of seclusion and restraint.

3.2.1 Least restrictive

NSW Health staff must only use seclusion and restraint:

- where there is a legal basis to do so
- as a last resort to prevent serious harm, usually associated with ASBD
- to allow administration of lawful medical treatment
- after less restrictive alternatives, including prevention strategies, have been trialled or considered, where safe to do so
- proportionate to the risk of harm
- for the minimum duration necessary.

In considering alternatives, NSW Health staff are to assess and act on the need to withdraw to a safe place and call for assistance if faced with unsafe situations.

Health staff must not place themselves or others at unnecessary risk in carrying out their duties. In practice, there may be times when the duty of care to people accessing services may require intervention but at no time is the duty of care to override a staff member's right to safety.

3.2.2 Initiating seclusion or restraint

- The decision to use seclusion or restraint must be made using all available information. This includes assessing the known clinical history of allergies and adverse effects of medication(s) where acute sedation is used.
- The amount of force used during any restraint must always be the minimum amount necessary and proportionate to the risk.
- If seclusion and restraint is initiated, NSW Health staff must cease their use as soon as the reason for the intervention has ended and it is safe to do so.
- NSW Health staff must ensure that any interference with a person's privacy and dignity is kept to the minimum necessary to protect the safety of all, especially when restraint occurs in public areas and shared treatment areas or rooms.
- Placing people in the prone position entails a significantly increased risk of harm to the person. There have been instances of sudden death, often associated with the administration of parenteral medication while in prone restraint.

- NSW Health staff should avoid prone restraint. [Safety Notice 003/16](#) must be followed if prone restraint is used.
- Staff are to avoid restraining in a way that interferes with the person's airways, breathing or circulation, for example by applying pressure to the rib cage, neck or abdomen or by obstructing the mouth or nose.
- Staff must avoid bending the person's head or trunk towards the knees if they are seated.
- The restraint of a patient or an individual in clinical care areas is the role of the clinical team, with supplementary support, if this is necessary, provided by security staff at the direction of clinical staff.
- Security staff may also be required to provide supplementary safety support during the seclusion of a person but must never be required to replace a clinical staff member where clinical observations are required.

3.2.3 Ratifying and subsequent clinical reviews of the use of seclusion and restraint

- Seclusion and restraint is often initiated at short notice, in response to an emergency situation.
- To ensure a robust clinical review, all use of seclusion and restraint must be ratified by a senior clinician as soon as possible, but not more than one hour after the practice was initiated. The outcome of the review will be to cease the practice or to ratify its continuation. The review must be documented in the Health Care Record.
- If seclusion or restraint has been ceased prior to ratification, the person is to be examined by a medical officer as soon as possible after the event.
- After the initial ratification, a senior clinician must review the person as frequently as possible but not less than every four hours, until the intervention is ceased.
- An additional review must take place at each shift handover.
- If seclusion or restraint continues for 24 hours or more, an additional review, which includes multidisciplinary involvement, must take place.
- The senior clinician ratifying or reviewing the practice must not have been involved in the decision to initiate seclusion and/or restraint. NSW Health requires ratification and reviews to be carried out by staff with seniority and skills in risk management, clinical safety and trauma informed care.
- The senior clinician may vary depending on time of day, context, local resources and available skill mix. Examples include a staff specialist, Visiting Medical Officer, nurse unit manager or paramedic in an ambulance. Reviews are to be carried out in-person or, where required, via phone or videoconference.
- NSW Health staff must make every effort to ensure that the person's needs are met and the person's dignity is protected by the provision of appropriate facilities and supplies, including bedding and clothing appropriate to the circumstances, food and drink and adequate hygiene and toilet arrangements.

- NSW Health must consider staffing and skill mix required to undertake increased observations and perform reviews. Senior medical staff must be considered alongside nursing and allied health provision to provide appropriate multidisciplinary skill mix.

3.3 Observations and engagement during seclusion and restraint

- NSW Health requires high levels of clinical care, monitoring and reporting when seclusion and restraint are used. Any deterioration in a person's physical condition, mental state or cognitive state must be managed promptly.
- For the safety of the person, NSW Health clinical staff must continuously observe, and where possible, engage with a person in seclusion or four-limb mechanical restraint for the duration of the practice.
- For other forms of restraint, NSW Health clinical staff must continuously observe and, where possible, engage with the person for the first hour. After the first hour, NSW Health staff must clinically observe a person in restraint at least every 15 minutes.
- For people at higher risk during the intervention, more frequent and additional monitoring may be indicated, for example where acute sedation has been used
- Clinical monitoring must include vital signs (respiratory rate, blood pressure, temperature and pulse rate). The frequency of monitoring vital signs must be determined by the Clinical Team, parameters set and reviewed when required.
- It may not be possible to monitor all of the vital signs if, by doing so, safety of the staff or person being secluded is compromised. However, in those circumstances, continuous visual observation is required to ensure safety. If vital signs cannot be taken, staff must ensure the reasons are documented in the Health Care Record.
- Observations must be conducted in person and must not be undertaken using closed circuit television (CCTV).

3.4 Governance of seclusion and restraint

- NSW Health staff must adhere to the legal framework authorising the use of seclusion and restraint.
- NSW Health organisations must ensure that there are clinical governance processes for review of all instances of seclusion and restraint within the healthcare setting to improve safety and quality.
- NSW Health staff must notify a senior manager (or on-call manager) if seclusion is used, as soon as practicable.
- The NSW Health Incident Management Policy ([PD2019_034](#)) requires NSW Health staff to notify all identified incidents, near misses and complaints in the incident management system (IIMS) or IMS+. Staff must include information about seclusion and restraint in these reports, where applicable.

- Where an adverse event occurs related to seclusion and restraint, NSW Health organisations must implement open disclosure, as required under the NSW Health Open Disclosure Policy ([PD2014_028](#)).
- Where mechanical restraint devices are used, NSW Health organisations' governance committees must review and approve their use by the specific facility or unit. Specific policies, procedures and infection control advice must guide their use. These organisations must provide staff with specific training in the use of mechanical restraint devices.

3.5 Monitoring the use of seclusion and restraint

NSW Health staff must document all episodes of seclusion and restraint and debriefing sessions in the Health Care Record in proportionate detail to enable a review of practice.

Records should include:

- IIMS incident number (where seclusion or restraint is part of a reportable incident)
- antecedents
- adherence to prevention strategies
- alternative least restrictive interventions trialled or considered
- reason for seclusion or restraint
- staff who initiated the use of seclusion or restraint
- Aboriginal identification
- authorisation
- location of seclusion or restraint episode
- medication offered or administered
- reviews by senior staff
- frequency of observations
- any physical injury
- notification of family or carer
- clinical examinations undertaken and outcomes
- food and fluid intake
- start and finish time of seclusion and/or restraint
- active practices to reduce duration
- debriefing, including service user and family/carer feedback
- identification of future prevention and intervention strategies
- multidisciplinary review
- review of care plan.

NSW Health organisations must collect data and report on episodes of seclusion and restraint in accordance with this policy, legislative requirements and the National Safety and Quality Health Service Standards (2nd edition).

NSW Health organisations must make information and data about the use of seclusion and restraint available to staff, people accessing services and their carers and family to support quality improvement and aid preventive approaches.

3.6 Notification

Where legally permitted and after considering privacy requirements, NSW Health staff must make every effort to notify the following persons (as applicable to the person and

legal status) about the use of seclusion and restraint and the reasons for using it as soon as practicable:

- a carer
- a guardian
- a parent if the person is under the age of 16 years
- other, as appropriate and identified by local protocols (e.g. senior executive).

This may not be feasible in specific situations, for example, care by NSW Ambulance.

3.7 Debriefing

NSW Health organisations must have protocols for debriefing after the use of seclusion or restraint, including safe and appropriate involvement of people who have been secluded or restrained, their carers and family (as applicable) and staff.

This may not be appropriate or feasible in all cases (e.g., care provided by NSW Ambulance).

Debriefing processes are intended to provide an opportunity to identify systemic practices and individual factors that provoke or trigger incidents. Debriefing is to maximise learning, minimise any potential traumatising effects and identify strategies to prevent future incidences.

3.8 Prohibited practice

NSW Health staff must not:

- use seclusion and restraint as a form of discipline, punishment or threat
- use seclusion or restraint as a means to reduce behaviours not associated with immediate risk of harm
- use seclusion for people who are actively self-harming or suicidal
- seclude a person who is also being mechanically restrained
- use metal handcuffs or hard manacles as a form of mechanical restraint (although a person may be in metal handcuffs when they have been transported by police or other custodial staff and remain under police or other custodial supervision while in the health facility)
- use vest restraints for older people.

4 ADDITIONAL REQUIREMENTS FOR SPECIFIC SETTINGS

4.1 Declared emergency departments and mental health units

As defined under the Mental Health Act 2007.

All mental health inpatient services must have 24-hour, everyday on-site supervision from accountable management representatives. This supervision must include in-person rounding on every shift.

In mental health units, each seclusion and restraint (currently physical and mechanical) episode must also be recorded in a dedicated Register to allow for reporting. This requirement also applies to seclusion and restraint of mental health consumers in declared emergency departments.

The Register must include:

- a separate entry for each episode of seclusion or restraint
- IIMS incident number (where seclusion or restraint is part of a reportable incident)
- details of the person being secluded or restrained, including identification of Aboriginal people
- date of seclusion and restraint episode
- type of seclusion and restraint episode
- time started
- time ended.

The register is to be kept in a secure location, noting adherence to privacy legislation and policy.

NSW Health organisations must submit seclusion and restraint data from all mental health units and declared emergency departments to the NSW Ministry of Health.

NSW Health organisations must provide Official Visitors access to all records relating to seclusion and restraint, including monthly summary information and seclusion and restraint Registers.

There are no additional requirements for non-declared emergency departments. The general requirements outlined in this policy apply.

4.2 NSW Ambulance

A paramedic must be with the person being restrained at all times until handover is complete.

Staff must record all physical/mechanical restraints in the person's Health Care Record and, for any person who meets the criteria for being mentally ill or mentally disturbed and being detained, staff must also complete a Mental Health Act 2007 Section 20 form (State Form SMR 025.205 NH606721) each time restraint is used.

4.3 Residential Aged Care

Includes State Government Residential Aged Care Facilities and Multipurpose Services.

An approved health practitioner (i.e. a medical practitioner, nurse practitioner or registered nurse) who has day-to-day knowledge of the resident (for physical restraint), or a medical or nurse practitioner who has prescribed a medication (for chemical restraint) must:

- assess the resident as posing a risk of harm to themselves or any other person, and requires the restraint (physical or mechanical)
- document the assessment, unless the use of restraint is needed in an emergency then document the assessment as soon as possible after using the restraint
- document the alternatives that were considered and used, unless emergency restraint was necessary
- use the least restrictive form of restraint possible
- have informed consent of the person or their representative, unless restraint is needed in an emergency. If restraint is used without consent, inform the person's representative as soon as possible after the health practitioner starts to use the restraint

NSW Health staff must not use the following in residential aged care:

- seclusion
- posey crisscross vest
- leg or ankle restraint
- manacles/shackles (hard)
- soft wrist/hand restraints.

All residential aged care facilities funded by the Australian government must collect and provide quality indicator data to the Department of Health. This includes NSW State Government Residential Aged Care Facilities (SGRACFs). These services must measure, monitor and report on mandatory quality indicators including use of physical restraint. Official Community Visitors must have access to the seclusion and restraint Register and monthly summary of seclusion and restraint data from all visitable services.

4.4 Transportation and transfer of care

NSW Health staff must adhere to legal and policy requirements if using restraint during transportation.

If a person is transferred while in restraint, the receiving medical practitioner, paramedic or senior registered nurse must use all available information to assess the need to continue or cease restraint. NSW Health staff are to review the use of restraint as soon as possible, unless the person remains under the custody of an accompanying officer from NSW Police Force, Youth Justice NSW, Corrective Services NSW or Border Protection Services.

5 APPENDIX LIST

1. Implementation Checklist
2. NSW Health and Commonwealth policies, guidelines and reports

APPENDICES

Attachment 1: Implementation checklist

LHD/Facility:				
Assessed by:		Date of Assessment:		
IMPLEMENTATION REQUIREMENTS		Not commenced	Partial compliance	Full compliance
1. Develop local implementation plan in collaboration with staff, individuals who access health care services and carers/families.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes:		
2. Develop local policies, procedures and education programs to support implementation of the policy and incorporation of review feedback; includes any plans for specific areas (e.g. Emergency Department, Intensive Care Unit), staffing and physical environment.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes:		
3. Detail ways in which the principles and values of the policy will be implemented. Recognise the impact of seclusion and restraint as a physical and psychological safety issue for people accessing services and staff and take action to support a culture of quality improvement to reduce and where possible eliminate the practice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes:		
4. Promote the policy to all staff (paid and unpaid, contractors, etc.).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes:		
5. Establish monitoring and reporting processes, including implementation of risk assessments and prevention strategies.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes:		
6. Conduct annual (minimum) audits of compliance with policy.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes:		
7. Ensure that clinical governance processes include reviews of seclusion and restraint performance in all healthcare settings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes:		

APPENDICES

Attachment 2: NSW Health and Commonwealth policies, guidelines and reports

NSW Health Policy documents

Policy Directives

- [PD2012_042 - Aboriginal and Torres Strait Islander Origin - Recording Information of Patients and Clients](#)
- [PD2013_049 - Recognition and Management of Patients who are Clinically Deteriorating](#)
- [PD2014_028 - Open Disclosure Policy](#)
- [PD2015_001 - Preventing and Managing Violence in the NSW Health Workplace-A Zero Tolerance Approach](#)
- [PD2017_001 - Responding to Needs of People with Disability during Hospitalisation](#)
- [PD2019_049 - Compulsory Reporting for Residential Aged Care Services](#)
- [PD2017_025 - Engagement and Observation in Mental Health Inpatient Units](#)
- [PD2017_043 - Violence Prevention and Management Training Framework for NSW Health Organisations](#)
- [PD2018_002 - Service Specifications for Transport Providers, Patient Transport Service](#)
- [PD2018_027 - Identifying and Responding to Abuse of Older People](#)
- [PD2019_034 - Incident Management Policy](#)

Guidelines

- [GL2012_005 - Aggression, Seclusion & Restraint in Mental Health Facilities – Guideline Focused upon Older People](#)
- [GL2014_010 - NSW Acute to Aged Related Care Services Practice Guidelines](#)
- [GL2015_001 - Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services](#)
- [GL2015_007 - Management of Patients with Acute Severe Behavioural Disturbance in Emergency Departments](#)
- [GL2016_016 - NSW SMHSOP Acute Inpatient Unit Model of Care Guideline](#)
- [GL2017_003 - Specialist Mental Health services for Older People \(SMHSOP\) Community Model of Care Guideline](#)
- [GL2017_022 - NSW Older People's Mental Health Services SERVICE PLAN 2017-2027](#)
- [GL2019_008 - Communicating Positively: A Guide to Appropriate Aboriginal Terminology](#)

Other NSW Government documents that support good practice

- [A Guide to Build Co-design Capability August 2019](#)
- [Advance care planning in New South Wales](#)
- [Building collaborative cultures of care within NSW mental health services](#)

APPENDICES

- [Carers \(Recognition\) Act 2010 No 20](#)
- [Charter for Mental Health Care in NSW](#)
- [Disability Inclusion Act 2014 No 41](#)
- [Lived Experience Framework for NSW](#)
- [Making an Advance Care Directive](#)
- [Mental Health for Emergency Departments: A Reference Guide \(NSW Health, 2015\) \(commonly referred to as 'the Red Book'\)](#)
- [NSW Health - NSW Police Force Memorandum of Understanding 2018: Incorporating provisions of the Mental Health Act 2007 \(NSW\) No 8 and the Mental Health \(Forensic Provisions\) Act 1990 \(NSW\)](#)
- [Protecting People and Property-NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies - in particular:](#)
 - Chapter 14 Role of Security Staff in NSW Health
 - Chapter 29 Code Black Arrangements
- [Safe Assessment Room Guidelines¹](#)
- [Safety Notice 003/16 Use of Prone Restraint and Parenteral Medication in Healthcare Settings](#)

Commonwealth guidelines/documents that support good practice

- [Aged Care Quality and Safety Commission \(2018\). Guidance and Resources for Providers to support the Aged Care Quality Standards](#)
- [Australian Commission on Safety and Quality in Health Care: Open Disclosure](#)
- [Australian Commission on Safety and Quality in Health Care's Recognising Signs of Deterioration in a Person's Mental State](#)
- [Australian Commission on Safety and Quality in Health Care's Delirium Clinical Care Standard](#)
- [Australasian Health Facility Guidelines seclusion room](#)
- [Australian Human Rights Commission-Human Rights Explained fact sheets](#)
- [Charter of Aged Care Rights](#)
- [Decision-Making Tool: Supporting a Restraint Free Environment in Residential Aged Care](#)
- [Guidance and Resources for providers to Support Aged Care Quality Standards](#)
- [Mental Health Statement of Rights and Responsibilities 2012](#)
- [National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018](#)
- [National Mental Health Commission Seclusion and Restraint Project](#)

¹ Not yet published

APPENDICES

- [National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services](#)
- [National Safety and Quality Health Service \(NSQHS\) Standards User Guide for Aboriginal and Torres Strait Islander Health](#)
- [National Safety and Quality Health Service \(NSQHS\) Standards Guide for Multi-Purpose Services and Small Hospitals](#)
- [National Safety and Quality Health Service \(NSQHS\) Standards User Guide for Health Services Providing Care for People with Mental Health Issues](#)
- [Royal Commission into Aged Care Quality and Safety: Restrictive Practices in Residential Aged Care in Australia](#)
- [Safe in Care, Safe at Work ACHMN 2019](#)
- [Safe Work Australia Review of the model WHS laws: Final report 2018](#)
- [Safe Work Australia Work related psychological health and safety: A systematic approach to meeting your duties](#)