# **The use of environmental restraint by health care providers**

*Health Care Decision Making Act 2023*

Directive Authorising the Use of Restrictive Practices (No. 5) 2024:

I, Susan Elizabeth Fallon, Senior Practitioner under section 54 of the *Health Care Decision Making Act 2023*, issue this directive regarding the use of environmental restraint by health care providers in the Northern Territory.

**Part 1 Preliminary matters**

This Directive takes effect on 1 July 2024.

In this Directive:

***Environmental restraint*** means a practice or intervention that restricts a person’s free access to all parts of their environment, however, does not include seclusion, which is the subject of Directive 1.

***Health care decision maker*** means a person determined under part 2 of the *Health Care Decision Making Act 2023* with authority under that Act to make a health care decision.

***Health care decision*** is a decision whether to commence, continue, withdraw or withhold health care for an adult.

***Health care provider*** means an individual who provides health care in the Northern Territory, including:

* all health practitioners registered under the Australian Health Practitioners Regulation Agency (AHPRA)
* dietitians, massage therapists, naturopaths, social workers, speech pathologists, audiologists and audiometrists
* others providing services that meet the definition of health care in the *Health Care Decision Making Act 2023*

The *Health Care Decision Making Act 2023* contains other definitions that may be relevant to this Directive

**Part 2 Applicability**

This Directive does not apply to:

* patients aged less than 18 years
* preventing access to items that are required by law to be securely and safely stored and only accessed by appropriately trained workers, for example medications
* preventing access to items, areas and facilities within a health care premises that aren’t for patients
* the provision of health care within registered residential aged care facilities and other settings under the Commonwealth Government’s Multi-Purpose Services (MPS) Program
* circumstances where a conflict exists with another statutory requirement under the [Traffic Regulations (NT), Schedule 3 – Australian Road Rules 1999](https://legislation.nt.gov.au/api/sitecore/Act/Word?id=12346), [Australian Road Rules](https://pcc.gov.au/uniform/Australian-Road-Rules-9June2023-bookmarked.pdf) (s265 & 266) and the [Civil Aviation Safety Regulations 1998](https://www.legislation.gov.au/F1998B00220/latest/text)
* circumstances in which statutory requirements exist for a patient who is under arrest or is in the custody of Northern Territory Police or Northern Territory Correctional Services
* registered National Disability Insurance Scheme (NDIS) service providers providing care to NDIS participants
* any treatment under the *Mental Health and Related Services Act 1998*.

**Part 3 Ability of a health care decision maker to consent**

A health care decision maker may consent to a health care provider’s use of environmental restraint in a manner consistent with this Directive and section 29 of the *Health Care Decision Making Act* 2023.

**Part 4 Conditions of use**

A health care provider may only use environmental restraint subject to the following conditions:

1. Environmental restraint should only be used as a last resort, where less restrictive interventions have been unsuccessful or are not feasible.
2. Environmental restraint may only be used to the extent that is reasonably necessary under the circumstances, proportionate to the patient’s behaviour and the broader clinical context, for the shortest amount of time possible.
3. Health care providers must consider patient welfare, human rights, decision-making capacity, and cultural considerations prior to the use of environmental restraint.
4. Health care providers will ensure that any interference with a patient’s privacy and dignity is kept to the minimum necessary during the use of a restrictive practice, especially when restraint occurs in public areas and shared treatment areas or rooms.
5. The restrictive practice must be removed as soon as:
	1. the restrictive practice is no longer needed
	2. a risk of harm arises from the restrictive practice which outweighs other risks
	3. there is any change in the patient’s decision-making capacity resulting in their ability to provide or deny consent
6. Environmental restraint must not be used:
	1. as a form of punishment, discipline or threat
	2. as a substitute for less restrictive interventions
	3. to address inadequate levels of staffing, equipment, or facilities
	4. for the convenience of others

**Part 5 Safeguards**

* Health care providers must be aware of health conditions that may put the person at risk when an environmental restraint is applied.
* Whenever practical, the environmental restraint should be assessed in advance for safety risks, e.g. locked doors and fire evacuation or moving a wheelchair out of reach. If necessary, the environment should be modified to prevent risk of injury.
* When using an environmental restraint, health care providers should use verbal strategies such as redirection, de-escalation techniques and other evidence-based strategies such as sensory modulation to help the patient safely gain control of their behaviour.
* As far as is practicable in the circumstances, health care providers should explain to the patient the reason for the environmental restriction, and the circumstances in which the environmental restriction may be removed.
* Additional care must be taken if environmental restriction is used in combination with another restrictive practice (such as chemical restraint). The impact of using multiple restrictive practices or in combination must be the least restrictive option and proportionate to the risk of harm.