# **Directive 1. The use of seclusion by health care providers**

This Directive takes effect on 14 January2025.

***Restrictive practice*** means any practice or health care that has the effect of restricting the rights or freedom of movement of a patient.

***Seclusion*** means the confinement of a person for any length of time alone in a room or area from which free exit is prevented or where it is implied that free exit is not permitted.

*Please see examples of seclusion in Appendix 1.*

**Part 1. DIRECTIVE**

**This directive is applicable to an adult deemed to have impaired decision making capacity as per the *Health Care Decision Making Act 2023*.**

**A Health Care Decision Maker may consent to the use of seclusion in a health care setting subject to the following criteria:**

* A behaviour of concern is present and causes harm to self and/or others;
* There is evidence other strategies have been tried and have been unsuccessful;
* The restrictive practice is:
* Least restrictive option (lesser restrictive options were unsuccessful or unfeasible)
* Occurring in time limited and specific circumstances
* Is necessary to stop the patient/others being harmed
* Is used as a last resort
* Can be used safely
* Is proportionate to any possible negative outcomes.

**Part 2. CONDITIONS OF USE**

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

1. Seclusion may only be used to the extent that is reasonably necessary under the circumstances and for the shortest amount of time possible.
2. Seclusion may only be used in a manner proportionate to risk, the patient’s behaviour and the broader clinical context.
3. Seclusion may only be used in a manner consistent with reasonable care of the patient.
4. Health care providers must consider patient welfare, decision-making capacity, and cultural considerations prior to the use of seclusion.
5. 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.
6. **The restrictive practice must be removed as soon as:**
	1. the restrictive practice is no longer needed;
	2. there is any injury caused or a deterioration to the patient’s health condition or, resulting in a medical emergency response call or similar;
	3. a risk of harm arises from the restrictive practice which outweighs other risks; or
	4. there is any change in the patient’s decision-making capacity resulting in their ability to provide or deny consent.
7. **Seclusion must not be used:**
	1. for patients who are actively self-harming or suicidal;
	2. as a substitute for less restrictive interventions;
	3. to address inadequate levels of staffing, equipment, or facilities;
	4. as a form of punishment, discipline or threat; or
	5. for the convenience of others.

**Part 3. SAFEGUARDS**

* Health care providers must be aware of health conditions that may put the person at risk if they are being secluded. For example, a heart condition, effect of medications, choking risk.
* Whenever practical, the physical environment used for seclusion should be assessed in advance for safety risks. If necessary, the physical environment should be modified to prevent risk of injury.
* When using seclusion, health care providers should use verbal strategies, 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 seclusion, what will happen during the seclusion (such as clinical observations, access to food and drink, access to the toilet), and the circumstances in which they may be removed from seclusion.
* To ensure the safety and wellbeing of the patient, seclusion should be monitored according to the health care provider’s policies and procedures for the use of seclusion.
* Additional care must be taken if seclusion is used in combination with another restrictive practice (such as mechanical restraint). If multiple restrictive practices are used, they must be the least restrictive option and proportionate to the risk of harm.

**Part 4. APPLICABILITY**

This Directive does not apply to:

* persons aged less than 18 years.
* circumstances where a conflict exists with another statutory requirement under the Traffic Regulations (NT), Schedule 3 – Australian Road Rules 1999, Australian Road Rules (s265 & 266) and the Civil Aviation Safety Regulations 1998.
* circumstances where a conflict exists with another statutory requirement relating to a person under arrest or in the custody of the Northern Territory Police or Northern Territory Correctional Services.
* registered National Disability Insurance Scheme (NDIS) service providers providing care to NDIS participants.
* any psychiatric treatment or care under the *Mental Health and Related Services Act 1998.*

**Part 5. DEFINITIONS**

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

***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 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 definitions contained in the *Health Care Decision Making Act 2023* are applicable to this Directive and apply to the extent of any inconsistency with the above definitions.

**I, Susan Elizabeth Fallon, Senior Practitioner appointed under section 9 of the *National Disability Insurance Scheme (Authorisations) Act 2019*, issue this directive pursuant to section 54 of the *Health Care Decision Making Act 2023* regarding the use of seclusion by health care providers in the Northern Territory.**

**APPENDIX 1. EXAMPLE CLINICAL SCENARIOS**

*Below scenarios are examples only. Examples of restrictive practices, non-restrictive practices and prohibited practices may include but are not limited to the following:*

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| Restrictive Practice: * Closing and locking a door to confine a patient alone in a room in order to manage behaviour of concern.
* A patient is alone in a room and cannot leave/is not provided physical assistance to leave and this practice is being used to manage a behaviour of concern.
 | Not restrictive practice:* A patient is alone a room or space however is able to leave voluntarily at any time.
* An area or room is locked for security and safety purposes (e.g., to keep others out) and a patient is able to leave voluntarily at any time.
* A patient is alone in a room or area and cannot leave due to mobility concerns, however, is able to request physical assistance to leave at any time.
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| Prohibited – practices that cannot be used or consented to under *Health Care Decision Making Act 2023*:* Confining a patient alone in a room when a patient is actively self-harming or suicidal.
* Leaving a patient alone in a room they cannot leave as a punishment or consequence for nuisance behaviour or other behaviour that does not present risk of harm to self or others.
* Locking a patient alone in a room or space (where free exit is not allowed) for convenience of health care staff.
* Locking a patient alone in a room or space to address patient wandering when there is inadequate staffing or resources.
* Seclusion of a person with decision making capacity (may constitute deprivation of liberty).
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