# **Directive 2. The use of chemical restraint by health care providers**

This Directive takes effect on 14 January 2025.

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

***Chemical restraint*** means the use of medication or a chemical substance for the primary purpose of influencing a person’s behaviour.

*\*The use of medication prescribed by a medical practitioner for the purpose of treatment or to enable treatment, rather than for the primary purpose of managing a patient’s behaviour is not a chemical restraint.*

*Please see examples of chemical restraint 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 chemical restraint 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 chemical restraint subject to the following conditions:

1. Chemical restraint may only be used to the extent that is reasonably necessary under the circumstances and for the shortest amount of time possible.
2. Chemical restraint must always be used in a manner that is proportionate to risk, the patient’s behaviour and the broader clinical context.
3. Chemical restraint 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 chemical restraint.
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. With the health care decision maker’s consent, brief sedation of a patient may be used to enable medical examination or assessment.
7. 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.
8. Chemical restraint must not be used:
	1. as a substitute for less restrictive interventions;
	2. to address inadequate levels of staffing, equipment, or facilities;
	3. as a form of punishment, discipline or threat; or
	4. for the convenience of others.

**Part 3. SAFEGUARDS**

* Health care providers must be aware of health conditions that may put the person at risk when chemical restraint is used. For example, tolerance, dependence and addiction to medication, dysphagia, side effects.
* Health care providers must also be aware that people with impaired capacity may be unable to communicate the side effects that they are experiencing, and that medication may mask underlying health conditions that can manifest as a behaviours of concern.
* As far as is practicable in the circumstances, health care providers should explain to the patient the reason for chemical restraint.
* To ensure the safety and wellbeing of the patient, the use of chemical restraint should be monitored according to the health care provider’s policies and procedures for the prescribing and administration of medication.

**Part 4. APPLICABILITY**

This Directive does not apply to:

* persons aged less than 18 years.
* the use of medication or a chemical substance prescribed by a medical practitioner for the purpose of treatment rather than for the primary purpose of managing a patient’s behaviour. A Health care decision maker has authority to consent via section 29(2)(a) of the *Health Care Decision Making Act 2023.*
* 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 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 chemical restraint 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: * Medications used to manage or subdue dangerous and/or aggressive behaviour.
* Using a medication to briefly sedate a patient who is using behaviours of concern to allow blood to be taken.
* Prescribing a medication for ongoing daily use for a long stay patient, to manage behaviour(s) of concern on the ward.
* Medication used to reduce agitation when patient is deemed to have impaired decision making capacity (cannot consent) and is not being treated under *Mental Health and Related Services Act 1998.*
* Administration of prescribed medication at a higher dose or frequency to a patient who already has that medication documented in a pre-existing behaviour support plan/care plan.
 | Not restrictive practice:* Medications used for the treatment of a physical or diagnosed mental health condition.
* Medications used to enable treatment e.g., procedural anaesthesia, analgesia (pain relief) or sedatives for the management of procedural anxiety in dental practice, where the primary purpose of the medication is not related to the management of behaviour(s) or concern.
* Medications administered to patient’s being treated under the *Mental Health and Related Services Act 1998.*
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| Prohibited – practices that cannot be used or consented to under *Health Care Decision Making Act 2023*:* Sedation of a patient with annoyance or inconvenient behaviour for the convenience of health care staff or teams, when this behaviour does not pose a risk of harm to self or others.
* Sedation of a patient who is deemed to have decision making capacity without the patient’s consent.
* The use of chemical restraint that is not proportionate to a patient’s behaviour.
* Administration of a medication intended to subdue or sedate a person, at the request of a family member or next of kin, when there are lesser restrictive options available and/or the patient’s behaviour is not placing self or others at risk.
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