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

*Health Care Decision Making Act 2023*

Directive Authorising the Use of Restrictive Practices (No. 3) 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 mechanical restraint by health care providers in the Northern Territory.

**Part 1 Preliminary matters**

This Directive takes effect on 23 August 2024.

In this Directive:

***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*

***Mechanical restraint*** means the use of a device to prevent, restrict or subdue a person’s movement for the primary purpose of influencing a person’s behaviour.

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.

**Part 2 Applicability**

This Directive does not apply to:

* persons aged less than 18 years
* the use of a mechanical device where the primary purpose is therapeutic, that is, used for the appropriate use of a medical or surgical appliance in the treatment of physical illness or injury, or employed for the patient’s health, wellbeing, comfort and quality of life, and not for the purpose of managing a patient’s behaviour
* 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
* the brief use of mechanical restraint in response to an imminent threat of violence to self or others
* 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 mechanical restraint in a manner consistent with this Directive and section 29 of the *Health Care Decision Making Act* 2023.

**Part 4 Conditions of use**

The use of unauthorised restrictive practices or the use of restrictive practices without consent may infringe a person’s human or civil rights. Any use of a restrictive practice has the potential to cause long term physical and psychological harm, and can be traumatising for patients with a history of adversity. Mechanical restraint should only be used as a last resort, where less restrictive interventions have been unsuccessful or are not feasible. It may constitute false imprisonment, assault or battery.

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

1. Mechanical 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.
2. Mechanical restraint may only be used in a manner consistent with reasonable care of the patient.
3. Health care providers must consider patient welfare, decision-making capacity, and cultural considerations prior to the use of mechanical restraint
4. Health care providers must 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. With the health care decision maker’s consent, brief mechanical restraint of a patient may be used to enable medical examination or assessment.
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. Mechanical 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.
8. The following mechanical devices must never be used by health care providers:
	1. devices that restrict any part of a patient’s respiratory or digestive function;
	2. mechanical handcuffs or hard manacles;
	3. conducted energy devices (e.g. tasers); or
	4. vest restraints for older patients.
9. Mechanical restraints must:
	1. be professionally manufactured and designed for the purpose, i.e. easy to apply and adjust to size;
	2. have no sharp edges and not be made from rough or abrasive material;
	3. allow the consumer to be placed in a sitting or lying position;
	4. be in good working order; and
	5. be clean and able to be cleaned.

**Part 5 Safeguards**

* Health care providers must be aware of health conditions that may put the person at risk from the use of mechanical restraint. For example, physical injury, skin irritation or pressures sores, arrested motor development, suffocation or choking.
* Health care providers must ensure that the patient is in a safe body position at all times; a prone (face down) position must not be used.
* When safe to do so, health care providers must ensure that the patient is in safe clothing and that the patient has access to physical aids they would normally use such as glasses, hearing aids and oxygen apparatus.
* Mechanical restraint must only be used when relevant staff have been provided specific training in relation to the device concerned.
* Mechanical restraint devices must be appropriate for the purpose, safe (e.g. no hard/abrasive/sharp edges) clean, and in good working order.
* As far as is practicable in the circumstances, health care providers should explain to the patient the reason for the mechanical restraint, what will happen during the restraint (such as clinical observations, access to food and drink, access to the toilet), and the circumstances in which the mechanical restraint will be lifted.
* To ensure the safety and wellbeing of the patient, the use of mechanical restraint should be monitored according to the health care provider’s policies and procedures for the use of mechanical restraints.
* Additional care must be taken if mechanical is used in combination with another restrictive practice. The impact of using multiple restrictive practices, or in combination, needs to be the least restrictive option and proportionate to the risk of harm.