# **Directive 4. The use of physical 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.

***Physical restraint*** means use or action of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing their behaviour.

*Please see examples of physical restraint at 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.***

*\*If the physical restraint is in relation to an imminent threat of harm to self or others, please   
 refer to* [*Directive 6.*](https://health.nt.gov.au/__data/assets/word_doc/0010/1477009/6-the-emergency-use-of-restrictive.docx)

**A Health Care Decision Maker may consent to the use of physical 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 physical restraint subject to the following conditions:

1. Physical restraint may only be used to the extent that is reasonably necessary under the circumstances and for the shortest amount of time possible.
2. The amount of force used during physical restraint must always be the minimum amount necessary and proportionate to the risk.
3. Physical 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 physical 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 physical restraint 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. Physical restraint must not be used:
   1. to deliberately inflict pain;
   2. as a form of punishment, discipline or threat;
   3. as a substitute for less restrictive interventions;
   4. to address inadequate levels of staffing, equipment, or facilities; 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 from the use of physical 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. Health care providers are to avoid restraining a patient 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. If a patient is seated, the patient’s head or trunk should not be bent towards the knees.
* 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.
* As far as is practicable in the circumstances, health care providers should explain to the patient the reason for the physical restraint and the circumstances in which the physical restraint will be lifted.
* To ensure the safety and wellbeing of the patient, the use of physical restraint should be monitored according to the health care provider’s policies and procedures for physical restraint.

**Part 4. APPLICABILITY**

This Directive does not apply to:

* persons aged less than 18 years.
* physically guiding or supporting a patient with their permission to safely manage a clinical procedure.
* holding a limb to provide comfort, support or guidance, to assist a patient to attend to ADLs and consistent with what could reasonably be considered the exercise of care towards a person.
* a health care provider using their body to block an exit due to urgent circumstances e.g. fire alarm, Code Black activation).
* the brief use of physical restraint in response to an imminent threat of harm to self or others ([refer to Directive 6](https://health.nt.gov.au/__data/assets/word_doc/0010/1477009/6-the-emergency-use-of-restrictive.docx)).
* 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, 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**

***Activities of daily living (ADLs)*** means routine tasks necessary to manage basic needs, such as walking and moving around, eating, dressing, personal hygiene (oral, hair and skin care) and toileting/continence.

***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 physical 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:   * Holding a patient’s arm to prevent them from hitting themselves – when this is a known or predicted behaviour of concern. * Holding limb to prevent person hitting or kicking others – when this is a known or predicted behaviour of concern. * Physically guiding a person away from harm when any use of force is needed. * Physically blocking a person from leaving a room or space as a response to a behaviour of concern. | Not restrictive practice:   * Holding a patient’s arm, with their permission, to provide physical assistance with showering or dressing. * Guiding a person away from harm or an unsafe situation e.g., preventing a patient from touching a hot surface and no force is needed. * Providing physical support for transferring out of bed or re-positioning with the person’s permission. |
| Prohibited – practices that cannot be used or consented to under *Health Care Decision Making Act 2023*:   * Holding or restraining a person face down (also known as prone restraint). * Applying pressure to the rib cage, neck or abdomen or covering the mouth or nose. * Holding a person in a way that restricts breathing, e.g., basket holds around the chest or mid-section of body. * If a patient is seated, the patient’s head or trunk must not be bent towards the knees. * Extended use of physical restraint when other lesser restrictive options are available. * Use of physical restraint when there is no imminent risk of harm to self or others. * Using restraint to detain a person when they are capable of own decision making and they want to leave the health care setting. | |