# **Directive 5. The use of environmental 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.

***Environmental restraint*** means a practice or intervention that restricts a person’s free access to their preferred activities or to all parts of their environment, including their personal belongings or other items. This does not include seclusion, which is the subject of   
[Directive 1](https://health.nt.gov.au/__data/assets/word_doc/0005/1477004/1.-the-use-of-seclusion-by-health-care-providers.docx).

*Please see examples of environmental 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 environmental 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 environmental 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 (less restrictive interventions have been unsuccessful or are not feasible)
* 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 environmental restraint subject to the following conditions:

1. Environmental restraint may only be used to the extent that is reasonably necessary under the circumstances and for the shortest amount of time possible.
2. Environmental restraint should be used in a manner proportionate to risk, the patient’s behaviour and the broader clinical context.
3. Environmental 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 environmental 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. 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. 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; 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 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 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
* 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 are not for patient use.
* 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**

***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 environmental 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   * A patient with impaired decision making is admitted to a locked ward to restrict movement, in relation to a behaviour of concern that places them at risk of harm (e.g., absconding onto roads). * Refusing to unlock a ward to allow a patient to take own leave, when they are placing themselves and others at risk of harm. * Restricting access to boiled water in response to self-harm behaviours. * Restricting access to cutlery in response to self-harm or aggression to others. * Restricting access to a patient’s bed remote to prevent them from raising and tilting the bed dangerously, placing the patient at risk of harm. | Not restrictive practice   * A patient with decision making capacity is admitted to a locked ward and can leave at any time. * Areas within health care settings that are locked for security purposes and patients can leave on request. * Restricting access to medications or chemical substances in line with law and health setting procedures. * Restricting access to certain items that pose risk of harm due to a physical health condition (e.g., choking risk of certain foods) and replacing with suitable alternate. * Use of bedrails for safety during transportation. * Involuntary patients being treated under the *Mental Health and Related Services Act 1998.* |
| Prohibited – practices that cannot be used or consented to under *Health Care Decision Making Act 2023*:   * Using environmental restraint to address inadequate staffing rather than risk of harm to the patient or others. * Restricting access to everyday items when there is no risk of harm or clinical reasoning. * Not allowing or facilitating a patient to leave a locked ward, when they have decision making capacity (may constitute deprivation of liberty). * Use of bed rails for the management of a behaviour of concern. | |