# **Directive 6. The emergency use of restrictive practices in response to an imminent threat of harm to self or others**

This Directive takes effect on 14 January 2025.

***Emergency use*** means the use of a restrictive practice without prior consent from a Health Care Decision Maker when there is an imminent risk of harm.

***Restrictive practice*** means any practice or health care that has the effect of restricting the rights or freedom of movement of a patient, including, but not limited to, the following:

* **seclusion** of an patient in a room or place where voluntary exit is prevented or where it is implied that voluntary exit is not permitted
* **chemical restraint** of a patient for the primary purpose of influencing the patient's behaviour
* **mechanical restraint** of a patient to prevent, restrict or subdue the patient's movement for the primary purpose of influencing the patient's behaviour
* **physical restraint** of a patient by physical force to prevent, restrict or subdue movement of the patient's body, or part of their body, for the primary purpose of influencing their behaviour
* **environmental restraint** of a patient preventing free access to their preferred activities or to all parts of their environment, including their personal belongings or other items.

**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.***

***Emergency use of restrictive practices in response to imminent threat of harm to self or others (emergency use of restrictive practice)*** does not require prior consent from a Health Care Decision Maker. These practices are for use in an emergency situation when there is immediate risk of harm to self or others, subject to the following criteria:

* A behaviour of concern is present and causing immediate threat of harm to self and/or others;
* 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 employ the emergency use of restrictive practice subject to the following conditions:

1. Restrictive practice may only be used to the extent that is reasonably necessary under the circumstances and for the shortest amount of time possible.
2. Restrictive practice should be used in a manner proportionate to risk, the patient’s behaviour, and the broader clinical context.
3. Restrictive practice may only be used in a manner consistent with reasonable care of the patient.
4. Where possible, health care providers must consider patient welfare, decision-making capacity, and cultural considerations prior to the use of emergency use of restrictive practice.
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. a less restrictive means of preventing imminent self-harm to the patient or harm to others, becomes available;
   3. there is any injury caused or a deterioration to the patient’s health condition or, resulting in a medical emergency response call or similar; or
   4. a risk of harm arises from the restrictive practice which outweighs other risks.
7. Restrictive practices must not be used:
   * to address inadequate levels of staffing, equipment, or facilities;
   * as a form of punishment, discipline or threat; or
   * for the convenience of others.

**Part 3. SAFEGUARDS**

* Health care providers must be aware, to the extent reasonably possible, of any health conditions or circumstances that may put the patient at risk when the restrictive practice is used in an emergency situation.
* Health care providers must also be aware that patients with impaired capacity may be unable to communicate their needs or intentions in a safe way.
* As far as is practicable in the circumstances, health care providers should explain to the patient the reason for the restraint and the circumstances in which the restraint will be lifted.
* To ensure the safety and wellbeing of the patient, the use of restrictive practices should be monitored according to the health care provider’s policies and procedures for emergency responses.

**Part 4. APPLICABILITY**

This Directive does not apply to:

* any situation in which there is not an imminent threat of self-harm to a patient or threat of harm from a patient to another person(s).
* persons aged less than 18 years.
* 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. REPORTING AND RECORDING BY HEALTH CARE PROVIDER**

In the event an emergency use of restrictive practices is used, the health care provider is responsible for informing the patient’s legal guardian and health care decision maker.

The health care provider is required to record the emergency use of restrictive practices in a patient’s file and complete an incident report (Riskman for NT Health) as per their policies and procedures for emergency responses.

**PART 6. 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 National Registration and Accreditation Scheme
* 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 restrictive practices by health care providers in the Northern Territory in response to an imminent threat of self-harm or injury by a patient.**

**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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| **Seclusion** | |
| 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 assisted to leave (including barriers and half doors) 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 and cannot leave due to mobility concerns, however, is able to request (and receives) physical assistance to leave at any time. |
| **Chemical Restraint** | |
| Restrictive Practice:   * Medications or chemical substance used to manage or subdue dangerous and aggressive behaviour presenting imminent risk of harm to self or others. | Not restrictive practice:   * Medications used for the treatment of a physical or mental health condition. * Medications administered to patient’s being treated under the *Mental Health and Related Services Act 1998.* |
| **Mechanical restraint** | |
| Restrictive Practice:   * Using a splint or glove to prevent a person hitting or scratching themselves. * Using a wheelchair seat belt to restrict a patient’s movement when they are engaging in high risk behaviour placing themselves or others at imminent risk of harm. | Not Restrictive Practice:   * Mechanical device used for treatment of physical illness or injury, or a patient’s health, wellbeing, comfort and quality of life, and not for managing a patient’s behaviour. * Devices or equipment to assist with body position, balance, alignment e.g. harness or wheelchair seat belt for patient with physical disability. * Use of a splint to treat an injury. * A patient who is in the custody of NT Police or Correctional Services and is wearing handcuffs (restraint is not being used by the health care provider). |
| **Physical Restraint** | |
| Restrictive Practice:   * Holding a patient’s arm to prevent them from hitting themselves or others, when there is an imminent risk of harm. * Physically guiding a person away from immediate harm/danger, when they do not consent. * Physically blocking a person from leaving a room or space when they are engaging in aggressive behaviour that places others at imminent risk of harm. | 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. * Providing physical support for transferring out of bed or re-positioning with the person’s permission. |
| **Environmental Restraint** | |
| Restrictive Practice:   * A patient admitted to a locked ward to restrict movement when there is an imminent risk of self-harm. * Restricting access to cutlery in response to self-harm or aggression to others. | Not Restrictive Practice:   * A patient with decision making capacity is admitted to a locked ward and can request to leave at any time. * Restricting access to medications or chemical substances in line with law and health setting procedure. * Using bedrails during transportation to reduce risk of falls. * 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*:  ***Emergency use of restrictive practices Directive does not apply when there is no imminent threat of harm to self and/or others.***  **Seclusion:**   * Seclusion of a patient who is actively self-harming or suicidal. * Seclusion of a patient with decision making capacity to prevent taking own leave. * Seclusion when the risks outweigh the benefits of the restrictive practice.   **Chemical Restraint:**   * 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.   **Mechanical Restraint:**   * Devices that restrict any part of a patient’s respiratory or digestive function. * Mechanical handcuffs or hard manacles (excludes patients under custody of NT Police or Correctional Services). * Conducted energy devices (e.g. tasers). * Vest restraints for older patients.   **Physical Restraint:**   * Holding or restraining a person face down. * 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. * Use of physical restraint when there is no imminent risk of harm to self or others. * Using restraint to detain a person when is capable of own decision making and wants to leave the health care setting. * If a patient is seated, the patient’s head or trunk should not be bent towards the knees.   **Environmental Restraint:**   * 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. | |