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

*Health Care Decision Making Act 2023*

Directive Authorising the Use of Restrictive Practices (No. 7) 2024:

I, Susan Elizabeth Fallon, Senior Practitioner under section 9 of the *National Disability Insurance Scheme (Authorisations) Act 2019*, issue this directive regarding the use of restrictive practices by health care providers in the Northern Territory in response to an imminent threat of self-harm or violence by a patient.

**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 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*

***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.

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:

* any situation in which there is not an imminent threat of self-harm to a patient or violence from a patient to another person
* 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](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
* 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 a restrictive practice in a manner consistent with this Directive and section 29 of the *Health Care Decision Making Act* 2023.

**Part 4 Conditions of use**

1. Restrictive practices should only be used as a last resort, where less restrictive interventions have been unsuccessful or are not feasible.
2. Restrictive practices 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.
3. Health care providers must consider patient welfare, human rights, decision-making capacity, and cultural considerations prior to the use of restrictive practices.
4. Restrictive practices may only be used in a manner consistent with reasonable care of the patient under the circumstances.
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 violence 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:
	1. to address inadequate levels of staffing, equipment, or facilities;
	2. as a form of punishment, discipline or threat; or
	3. for the convenience of others.

**Part 5 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.
* 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.
* 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.