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

*Health Care Decision Making Act 2023*

Directive Authorising the Use of Restrictive Practices (No. 4) 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 physical restraint by health care providers in the Northern Territory.

**Part 1 Preliminary matters**

This Directive takes effect on 23 August 2024.

In this Directive:

***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*

***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.

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
* 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 the context of the situation (e.g. fire alarm, Code Black activation)
* 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 physical restraint in response to an imminent threat of violence to self or others ([refer to Directive 7](https://health.nt.gov.au/__data/assets/word_doc/0007/1399849/7-the-emergency-use-of-restrictive-practices-in-response-to-an-imminent-threat-of-self-harm-or-violence.docx))
* 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 physical 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. Physical 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 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. The amount of force used during physical restraint must always be the minimum amount necessary and proportionate to the risk.
2. Physical 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 physical restraint.
4. 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.
5. With the health care decision maker’s consent, brief physical 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. 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 5 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.