

Use of physical restraint on patients within JH&FMHN

Policy Number 1.220

Policy Function Continuum of Care

Issue Date 28 September 2018

Summary This policy provides guidelines for the application and removal of physical restraints including handcuffs initiated by Corrective Services New South Wales (CSNSW), Juvenile Justice New South Wales (JJNSW) or Justice Health and Forensic Mental Health Network (JH&FMHN) within the custodial environment. It provided guidelines for requesting the removal of physical restraints by CSNSW/JJNSW when necessary for examination or treatment of a patient or when clinically indicated.

Responsible Officer Executive Director Clinical Operations (Custodial Health)

- Applicable Sites**
- Administration Centres
 - Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
 - Health Centres (Adult Correctional Centres or Police Cells)
 - Health Centres (Juvenile Justice Centres)
 - Long Bay Hospital
 - Forensic Hospital

Previous Issue(s) Policy 1.220 (May2014; May 2009)

- Change Summary**
- Removal of forms which related to JH&FMHN staff requesting removal of or Essential Alteration in Security Provisions to Undertake Medical Procedure.
 - Remove reference to Ministry of Health Guidelines [GL2006 014 Aged Care – Working with people with Challenging Behaviours in Residential Aged care Facilities](#) in relation to use of restraint.
 - Incorporate guidance from [Australian and New Zealand Society for Geriatric Medicine, Position Statement No. 2, Physical Restraint Use in Older People](#)

TRIM Reference POLJH/1220

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

The physical restraint of patients within Justice Health & Forensic Mental Health Network (JH&FMHN) can be grouped into two categories.

- Restraints initiated by Corrective Services New South Wales (CSNSW), Juvenile Justice New South Wales (JJNSW) and/or private security providers.
- Restraints initiated by JH&FMHN staff.

This policy does not refer to chemical or psychological restraint.

Any restraints initiated by JH&FMHN staff in a mental health facility must be in accordance with Ministry of Health Policy Directive (Ministry of Health PD) [PD2012_035](#) *Aggression, Seclusion & Restraint in Mental Health Facilities in NSW* and The Ministry of Health Guidelines (Ministry of Health GL) [GL2012_005](#) *Aggression, Seclusion & Restraint in Mental Health Facilities - Guideline Focused Upon Older People*. JH&FMHN staff must refer to JH&FMHN policy [1.350](#) *Aggression, Seclusion and Restraint in Mental Health Facilities – LBH MHU*.

Restraints initiated by JH&FMHN in an Aged Care Facility must be in accordance with Ministry of Health PD [PD2012_035](#) *Aggression, Seclusion & Restraint in Mental Health Facilities in NSW* and guided by the [Australian and New Zealand Society for Geriatric Medicine, Position Statement No. 2, Physical Restraint Use in Older People](#)

Restraint of patients for security purposes in the adult correctional environment or juvenile centres is the responsibility of CSNSW/JJNSW and/or private security providers. *The CSNSW Custodial Operations Policy and Procedure (COPP) Sections 13.7 Restraint Equipment*, outlines the responsibility of CSNSW in this area.

CSNSW and JJNSW generally require handcuffs or other physical restraints for high security risk patients when on escort. It is essential that JH&FMHN staff members are aware of the procedures which must be adhered to in regards to the use of physical restraints and situations where the CSNSW Officers and JJNSW Youth Officer may be requested to remove physical restraints when necessary for examination or treatment of a patient.

2. Policy Content

The objective of this policy is to provide guidelines when requesting the removal of physical restraints initiated by CSNSW/JJNSW/private security provider and the process to follow if restraints used by CSNSW/JJNSW and/or private security provider impacts on patient care. This policy also identifies guidelines that JH&FMHN must use for the application and removal of restraint for older patients and criteria for when this may be indicated.

2.1 Mandatory Requirements

The use of restraints initiated by JH&FMHN staff is governed by the following key principles as directed by the NSW Ministry of Health:

- Principle 1 Protection of fundamental human rights
- Principle 2 Protection against inhumane or degrading treatment
- Principle 3 Right to highest attainable standards of care

- Principle 4 Right to medical examination
- Principle 5 Documentation and notification
- Principle 6 Right to appropriate review mechanisms
- Principle 7 Compliance with legislation and regulations

JH&FMHN staff must advocate for optimal care for the patients under their care, where handcuffs or other restraints may compromise patient comfort and / or medical treatment. Physical restraints are generally required by CSNSW/JJNSW/private security providers for patients with specific security classifications unless directed otherwise by the Governor or Manager of Security (MOS). The use of restraints by JH&FMHN staff should only be considered as a last resort to prevent harm to the individual or to other patients.

2.2 Implementation - Roles & Responsibilities

2.2.1 Chief Executive

The Chief Executive (CE) is responsible for setting the vision and goals for achieving a safe workplace for staff and patients.

2.2.2 Executives Directors

Executive Director Clinical Operations (EDCO), is responsible for assisting with the determination of unresolved issues in either the adult or juvenile correctional settings.

2.2.3 Managers

Managers, team leaders and supervisors who have direct responsibility for staff are responsible for:

- Ensuring that all clinical staff are aware of this policy.
- Completing the JH&FMHN *Health Problem Notification form (Adults)* ([HPNF](#)) or JH&FMHN *Health Problem Notification and Escort form (Adolescents)* ([HPNEF](#)) as required to outline patients' physical conditions that may be negatively impacted by physical restraint.
- Ensuring that there are clear communication paths between CSNSW/JJNSW/Private Security Providers and the health service in relation to this policy.
- Escalation of unresolved issues through line management to the Executive Director Clinical Operations.

2.2.4 Medical Officers are responsible for:

- Undertaking an assessment on patients with health conditions that would be compromised by physical restraints or for patients in the Aged Care and Rehabilitation Unit that may require physical restraint.

2.2.5 All clinical staff are responsible for:

- Compliance with and awareness of this policy.

3. Procedure Content

JH&FMHN acknowledge that although the pursuit of restraint-free environments should guide practice, there may be occasions where restraint is unavoidable in response to specific situations. CSNSW are responsible for the coordination of all levels of physical, and where indicated mechanical restraint of a patient within a correctional facility. Determining whether it is the safest option to restrain a patient is at the discretion of

CSNSW/JJNSW Officers and/or private security provider. Potential risks surrounding a patient not being restrained to receive treatment or otherwise must be outweighed by the potential risks of the patient being restrained by those co-ordinating the restraint. The use of restraint should always be viewed as a temporary solution and implemented only in the least restrictive form after pursuing all other options.

3.1 Restraints in Long Bay Hospital Aged Care Rehabilitation Unit and Medical Subacute Unit

Whilst CSNSW are responsible for the management and coordination of restraints on a patient within Long Bay Hospital, JH&FMHN staff must follow NSW Health [GL2012 005 Aggression, Seclusion & Restraint in Mental Health Facilities - Guideline Focused Upon Older People](#) and guided by the [Australian and New Zealand Society for Geriatric Medicine, Position Statement No. 2, Physical Restraint Use in Older People](#) when involved in restraints being applied and/or removed for patients in an aged care facility. Acknowledging that CSNSW Officers coordinate the restraint of a patient, if JH&FMHN staff are involved in any level of the physical restraint they must not restrict a patient's freedom of movement unless there is a severe threat to the individual's safety and /or the safety of others. Such restrictions must be provided with care, compassion and consideration and be the least restrictive form of restraint available. Physical and mechanical restraints may include the use of lap belts, tabletops, posy restraints, wrist restraints, bedrails, water chairs and deep chairs. Where physical restraint has been used on a patient either at the discretion of custodial staff or request of JH&FMHN staff, documentation of the incident must be completed as per JH&FMHN and CSNSW guidelines. Any plan for the restriction of an aged care person's movement and liberty must be based on a specific assessment by an identified clinician qualified in the area of aged care. The assessment should examine the underlying cause of behaviour and rule out any possible medical or external causes for the behaviour that can be addressed through other means.

This assessment should lead to the development and implementation of a care plan that minimises the need for the use of the restraint and is regularly reviewed by key people involved in the person's care and treatment.

The care plan must be in writing and should be developed and reviewed by suitable qualified professionals and as part of a multidisciplinary team review. The decision to restrain must be documented, including the type of restraint and the length of time for the use of the restraint. Care provided during restraint, the decision to review or remove the restraint must also be documented as guided by [GL2012 005](#)

The care plan should contain information regarding:

- The environmental factors which could contribute to or cause the behaviour
- The possible health or medical factors which could contribute to or cause the behaviour
- The possible communication needs of the person which may be contributing to the behaviour
- Whether less restrictive alternatives for managing the behaviour have been considered and ruled out as not appropriate.

Where a formulated care plan indicates a level of restraint and/or CSNSW/JJNSW/Private Security Providers involvement this should be reflected and clearly documented in a [HPNF](#) which is then discussed and signed by the responsible senior CSNSW Officer, documenting nurse and NUM. Where the use of restraint is indicated in any individual care plan or HPNF, these restrictions should be regularly and/or periodically reviewed by the treating team and responsible senior custodial officer.

3.2 Restraint by CSNSW/Private Security Provider in adult correctional centres including the Long Bay Hospital

CSNSW/private security provider must follow their own policies and procedures regarding exemptions stipulating circumstances in which physical restraints are not desirable.

If the use of CSNSW/ private security provider restraints in health centres is compromising the care the patient is receiving and or preventing a thorough medical assessment, the Nursing Unit Manager (NUM), Nurse in Charge or Medical Officer must contact the MOS or the Governor of the correctional centre and outline their concerns. Communication in regards to any perceived compromise in clinical care due to the use of physical restraint if not urgent and time permits must be made on a JH&FMHN [HPNF](#). The final decision on removal of the restraints is made by the Governor, MOS or their delegate.

If a Medical Officer is not on site the Remote After Hours On Call Medical Officer (ROAMS) must be notified that patient care is compromised by the use of restraints. The recommendation from ROAMS must be documented on a JH&FMHN [HPNF](#). A time period must be specified on the JH&FMHN [HPNF](#).

If the matter cannot be resolved, the responsible Medical Officer must advise whether the procedure is an emergency and must be done or is elective and can be delayed. In the case of an emergency, the responsible Medical Officer must inform CSNSW/private security provider of the urgency, in order that clinical treatment may proceed without compromise. Additional mutually acceptable security arrangements may need to be made directly by the Officer in Charge of the Court Escort Security Unit (CESU).

In the case of an elective procedure, where acceptable security arrangements cannot be made at the time by the Officer in Charge of the CESU/Governor of correctional centre, the matter will be referred by the Officer in Charge of the CESU/Governor to the Executive Director Clinical Operations or delegate. This must be reported by the NUM or delegate through appropriate line management to the EDCO.

3.3 Use of handcuffs and other physical restraints in patients being transferred to Local Health Districts

Patients are often escorted to external public hospitals for healthcare reasons. In these situations, the custodial staff escorting the patient are responsible for security and defining its requirements. However, the responsible Medical Officer may consider that an aspect or aspects of the security requirements as advised by the escorting officers will significantly compromise the proper health care of the patient. The usual concern is the use of handcuffs or physical restraints during procedures.

The Medical Officer can advise that the proposed security or use of handcuffs or physical restraints compromises the clinical care of the patient. The decision to remove restraints lies with CSNSW/JNSW or private security provider after being given the information advising that the physical restraints compromise the care of the patient.

LHD staff will receive the standard information letter for healthcare staff with JH&FMHN NUM or Nurse in Charge (NIC) contact number and the LHD staff can seek advice from JH&FMHN regarding the removal of restraints unless otherwise indicated by CSNSW/ JNSW/private security provider at time of escort. However, the final decision on removal of the restraints is made by the Governor, Centre Manager or their delegate. LHD staff should be encouraged to document in the patient's health record and discharge letter any impediments to handcuffing and other forms of physical restraint.

3.4 Use of handcuffs and other physical restraints in Juvenile Justice NSW Centres

The Centre Manager or Manager Juvenile Placements/Transport Unit of Coordination Operations must approve the use of handcuffs and other physical restraints prior to their use. Generally these are fitted as an option when the young person is a:

- Serious offender;
- Previous escapee; or
- Risk to self or others.

A patient's medical condition may render handcuffing and ankle cuffs as not recommended e.g. where a patient is pregnant, unable to walk or seriously ill. Where the use of handcuffs or ankle cuffs is not recommended on medical grounds, health centre staff must provide written notification to the Centre Manager or delegate giving reasons for the advice. This may be done on a JH&FMHN [HPNEF](#). A copy of the written notification must be given to the transporting staff and a copy be placed in the patient's Health Record. For further information on JH&FMHN [HPNEF](#) please see JH&FMHN policy [1.235 Health Problem Notification and Escort form \(Adolescents\)](#).

At all times the decision to remove restraints rests with JJNSW.

4. Definitions

Classification

Refers to a patient who is classified to reside in a minimum security correctional centre and thus requires less physical security than a patient with a higher classification.

Duty of Care

The duty of care owed to patients will differ according to specific needs and circumstances. In order to adequately discharge their duty of care, staff and facilities should have regard to the following information. Duty of care should withstand ethical scrutiny and should include the elements of:

- Individualised needs
- Constant clinician review
- Common sense
- Supporting the pursuit and development of good practice
- Primarily meeting the needs of the patient
- Peer review
- Provision of care in a dignified manner
- Promotion of health and well-being

Must

Indicates a mandatory action or requirement.

Responsible Person

Includes the patient’s next of kin, but it can be either a guardian who has the function of consenting to medical, dental and health care treatment, or if there is no guardian the most recent spouse or defacto spouse including same sex partners or if there is no spouse or de facto an unpaid carer who was providing support prior to the patient entering care or a relative or friend with a close personal relationship. The responsible person is a substitute consent provider for medical and dental treatment for a person 16 years and over who is unable, for some reason, to give valid consent for their own medical or dental treatment.

Restraint (as per [PD2012_035](#) *Aggression, Seclusion & Restraint in Mental Health Facilities in NSW*)

Restraint is anything that limits an individual’s voluntary response or movement. It most commonly involves physical or chemical restraint but may also include psychological and environmental restraint or aversive treatments or practices.

Should

Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Legislation	Mental Health Act 2007 Guardianship Act 1987 Privacy and Personal Information Protection Act 1998
NSW Health Guidelines, Policy Directives and Reference Guides	GL2008_017 <i>Health Facility Guidelines - Australasian Health Facility Guidelines in NSW</i> GL2012_005 <i>Aggression, Seclusion & Restraint in Mental Health Facilities - Guideline Focused Upon Older People</i> PD2005_315 <i>Preventing and Managing Violence in the NSW Health Workplace A Zero Tolerance Approach</i> PD2007_040 <i>Open Disclosure Policy</i> PD2009_027 <i>Physical Health Care within Mental Health Services</i> PD2013_049 <i>Recognition and Management of Patients who are Clinically Deteriorating</i> PD2014_004 <i>Incident Management Policy</i> PD2012_035 <i>Aggression, Seclusion & Restraint in Mental Health Facilities in NSW</i> Mental Health for Emergency Departments A Reference Guide (2009)
JH&FMHN Policies and Forms	1.231 <i>Health Problem Notification Form (Adults)</i> 1.235 <i>Health Problem Notification & Escort Form (Adolescents)</i> 1.350 <i>Aggression, Seclusion and Restraint in Mental Health Facilities – LBH MHU</i>

JH&FMHN [Health Problem Notification form](#) V5.1

Australian
Government
Department of Health

[Decision-Making Tool: Responding to Issues of Restraint in Aged Care](#)

NSW Government
Justice

[COPP Section 13.7 - Use of force](#)