

RESTRAINTS: GUIDELINE FOR NURSES AND MIDWIVES IN SOUTH AUSTRALIA

A primary function of the Nurses Board of South Australia (**nbsa**) is to regulate nursing and midwifery practice for the protection of the public by:

- ensuring that the community is provided with nursing and midwifery care of the highest standard; and
- achieving and maintaining the highest professional standards of both competence and conduct in nursing and midwifery.

nbsa safeguards the interests of the community by determining the scope of nursing and midwifery practice, endorsing codes of conduct, professional standards, guidelines and information sheets.

nbsa guidelines provide the nursing and midwifery professions with a regulatory perspective which may guide the development of organisational policy and assist nurses and midwives to understand their professional obligation in relation to specific aspects of nursing or midwifery practice.

Purpose

This Guideline upholds the principle that *ANY FORM OF RESTRAINT REQUIRED FOR EACH OCCASION IS ONLY USED AS A LAST RESORT*. Use of restraint should only occur when the risk of applying the restraint to a person is outweighed by the risks associated with not applying a restraint.

The Guideline promotes the minimisation of restraints across all health care and community settings and should be used with the **nbsa Scope of Practice Decision Making Tool 2006**, and in conjunction with documents such as the Department of Health and Ageing *Decision Making Tool: Responding to issues of restraint in Aged Care 2004*.

In the context of this document, the term nurse refers to both a registered nurse and an enrolled nurse.

Scope

This Guideline is applicable to all nurses and midwives practising in health care and community settings in South Australia, inclusive of, and not limited to, acute care, aged care, community services, women and children services, mental health and disability services.

Definition of Restraint

Restraint is any device or action that interferes with the ability of a person to make decisions or restricts their free movement. It may be classified by the nature of the control mechanisms such as:

- verbal threats and intimidation;

- physical use of mechanical restraints including equipment that can be used as restraints, applied to the person;
- chemical control through administering sedatives or psychotropic medication for the purpose of restraint;
- environmental controls, including seclusion¹ which prevents a person's exit.

Principles Guiding Decision Making and Practice

1. The application of restraints in each occasion should occur only when other preventative measures have been considered or initiated and subsequently deemed not adequate to protect a person who is at risk of personal injury or injuring others.
2. The use of restraints is based on the principle of safe practice and restraint minimisation.
3. The decision to restrain is a clinical decision that must be made by qualified people including registered nurses and midwives, based on a comprehensive assessment that is undertaken in partnership and collaboration with the person, family/representative and members of the multi-disciplinary health team. This clinical decision must then be documented in the person's care plan.
4. It is the responsibility of each nurse and midwife to ensure that she/he:
 - assesses the person's behaviour and environment, recognising the need to initiate preventative measures or actions that promote the safety of the person;
 - practises in the best interests of the person which includes: assessing the need, following a clear plan of care, assessing the risk to the person in applying any form of restraint, initiating restraints as part of a risk management strategy, providing ongoing review and evaluation;
 - meets the safety, comfort and psychological needs, inclusive of nutrition, hydration, elimination and observation of sedation levels;
 - allows for release of restraint for regular movement and exercise;
 - is accountable for the decision to initiate and apply restraint within an evidence based framework in accordance with the *Australian Nursing and Midwifery Council (ANMC) Competency Standards for Nurses and Midwives*; and

¹ There is no reference or definition of seclusion in South Australian legislation. The SA Health (formerly Department of Human Services) *Restraint and Seclusion in health units policy* (2002) refers to seclusion as the *sole confinement of a person at anytime in any room or space where the exit(s) are locked from the outside and cannot be opened by the person from the inside*

- is aware of the applicable legislation, professional codes and standards, guidelines, organisational policies and procedures relating to restraints in the specific practice setting.
5. Documentation explains and supports the decision for restraint and provides an accurate record of the person's care, including evaluation of interventions and outcomes.
 6. Regular monitoring and a decision making trail inclusive of ongoing review of the need for restraint.
 7. Nurses and midwives are entitled to a safe working environment and are not obliged to put themselves at risk. The nurse or midwife has the right to withdraw and initiate the organisational response that ensures the safety of all persons.
 8. Nurses and midwives can expect the management of health care and community settings to:
 - develop policies and procedures relating to restraints including the safe use of equipment provided for use as restraints;
 - ensure education and training for staff; and
 - keep abreast of best practice in relation to restraints.
 9. Nurses and midwives are expected to work proactively with management personnel of health care and community settings in relation to restraint and seclusion by:
 - initiating prevention programs;
 - ensuring safe equipment is provided and used in compliance with manufacturer's instructions to minimise risk to the person;
 - promoting effective communication and consultation; and
 - establishing and maintaining review processes to ensure organisational policies and procedures that guide practice are in accordance with Australian standards.

Related Documents

- *nbsa Scope of Practice Decision Making Tool 2006*. Available at: www.nursesboard.sa.gov.au
- *Decision-making tool: Responding to issues of restraint in Aged Care 2004*, The Australian Government Department of Health and Ageing. Available at: www.health.gov.au/acc
- *ANMC National Competency Standards for the Registered Nurse (2006), Enrolled Nurse (2002), Registered Midwife (2006) and Nurse Practitioner (2006)*. Available at: www.anmc.org.au
- *ANMC Codes of Professional Conduct and Ethics for Nurses and Midwives in Australia (2008)*. Available at: www.anmc.org.au
- *A New Millennium, A New Beginning: Mental Health In South Australia Restraints And Seclusion In Health Units (Including Mental Health Situation): Policy and Procedures Series 2002-2005*, Department of Human Services 2002. Available at: www.health.sa.gov.au/mentalhealth/ and follow link to 'Policies and Guidelines'.
- *Preventing Falls and Harm in Older People: Best Practice Guidelines for Australian Hospitals and Residential Aged Care Facilities (Safety and Quality Council), 2005*. Available at: www.safetyandquality.gov.au/internet/safety/publishing.nsf/content/fallsGuidelines-2008Downloads

South Australian Legislation: www.legislation.sa.gov.au/index.aspx

- *Nurses Act (1999)*
- *Guardianship and Administration Act (1993)*
- *Mental Health Act (1993)*



Clinical Decision Making Flowchart for occasions that may lead to the Use of Restraints

Restraint Free Care is to be adopted first before the initiation of Minimal Restraint Care

