Government of Western Australia
Department of Health

Policy Frameworks
MP 0165/21
Effective from: 30 June 2021

Use of Physical and/or Mechanical Restraint during Road-based Transportation of Mental Health Patients Policy

1. Purpose

The purpose of this policy is to provide guidance to Transport Officers executing transport orders made under the *Mental Health Act 2014* (MHA 2014) when the use of physical and/or mechanical restraint for mental health consumers during road-based transportation may be required.

The use of restraint should always be viewed as a temporary measure and be limited to those situations where de-escalation and other non-physical diversion techniques have failed to resolve the situation. It is well-established that consumers can be traumatised or re-traumatised through the use of restrictive practices and that there is an increased risk of harm to consumers, as well as to staff who use these practices.

The reduction and, where possible, elimination of restrictive practices in mental health services, is endorsed by the Australian Health Ministers' Advisory Council, as a national priority. Accordingly, providers of road-based transport executing transport orders under the MHA 2014 must aim to reduce and, where possible, eliminate the use of restrictive practices. To achieve this, a person-centred, recovery-oriented, culturally competent and trauma-informed approach must be used to reduce the need for the use of restrictive practices during transport, as well as to maximise consumer and staff member safety.

This Policy is a mandatory requirement under the *Mental Health Policy Framework* pursuant to section 26(2)(a) and (c) of the *Health Services Act 2016.* It is to be read in conjunction with MP 0063/17 *Requesting Road-Based Transport for Mental Health Patients Subject to Transport Orders.*

This Policy supersedes MP 0060/17 *Use of Physical and/or Mechanical Restraint during Road-based Transportation of Mental Health Patients Policy*.

2. Applicability

This Policy is applicable to Transport Officers employed by Transport Providers, contracted by the Department of Health, executing transport orders made under the MHA 2014 (i.e. Transport Order (Form 4A) and Apprehension and Return Order (Form 7D)) on consumers to or from WA health system public health facilities via road-based transport.

To the extent that the requirements contained within this Policy are applicable to the services purchased from contracted health entities, the Department of Health is responsible for ensuring these requirements are accurately reflected in the relevant contract and managed accordingly.

3. Policy requirements

3.1 Principles and Standards

The principles and standards set out in the following must be considered by Transport Officers in executing transport orders under the MHA 2014:

1. The *National Standards for Mental Health Services*, particularly standard 1.9 and standard 2.2.
2. The *Chief Psychiatrist's Standards for Clinical Care*, particularly the 'Transfer of Care', 'Seclusion and Bodily Restraint Reduction' and 'Consumer and Carer Involvement in Individual Care' standards.
3. The *Charter of Mental Health Care Principles* in the MHA 2014.
4. The *National Safety and Quality Health Service Standards*, Standard 5.35: Minimising restrictive practices.

3.2 Training

Transport Officers must have the necessary training, qualifications, knowledge, skills and experience to undertake the transport of mental health consumers subject to transport orders under the MHA 2014, including the completion of an accredited training program in the prevention, de-escalation and management of aggression, as well as early intervention in a crisis situation.

3.3 Use of Reasonable Force

In accordance with sections 171 and 172 (2) of the MHA 2014, a Transport Officer may use reasonable force in the execution of a transport order to prevent serious and imminent harm to the person being transported or another person, provided that the force used is objectively reasonable in the circumstances.

The MHA 2014, the *Chief Psychiatrist's Standards for Clinical Care* and the *National Standards for Mental Health Services* do not provide guidance on the use of restraint (physical and/or mechanical) in relation to the use of reasonable force during the transportation of mental health consumers.

Under section 260 of the *Criminal Code Act Compliance Act 1913*, when '…the use of force by one person to another is lawful, the use of more force than is justified by law under the circumstances is unlawful'.

Great caution should be exercised when using physical and/or mechanical restraint to ensure that the use of physical or mechanical restraint is objectively reasonable at the time it is used, as reasonable force at one point in time may not be considered objectively reasonable at a later point in time, especially if the circumstances have changed.

The criteria set out below in Section 3.4 Practices provide guidance on the use of physical and/or mechanical restraint by Transport Officers during road-based transportation of mental health consumers.

3.4 Practices

The practices outlined below must be followed by Transport Officers in executing transport orders under the MHA 2014.

1. Before the use of physical and/or mechanical restraint on a person subject to a transport order, Transport Officers must be satisfied that the following criteria are fulfilled:
    a. All reasonable and less restrictive options have been tried or considered and have been found to be unsuitable; and
    b. The restraint is to be used for the prevention of serious and imminent harm to the person or to another person; and
    c. The use of restraint is absolutely necessary; and
    d. The person's underlying medical conditions (including pregnancy) have been considered where this information is available.

2. Section 170 of the MHA 2014, 'Principles relating to detention', must be applied when a person is detained and transported under a transport order:
    a. The person must be detained for as brief a period as practicable;
    b. The degree of any force used to detain the person must be the minimum that is required to be used for that purpose;
    c. While the person is detained —
        i. there must be the least possible restriction on the person's freedom of choice and movement consistent with the person's detention; and
        ii. the person is entitled to reasonable privacy consistent with the person's detention; and
        iii. the person must be treated with dignity and respect.

3. When using physical and/or mechanical restraint in executing a transport order, Transport Officers must:
    a. Carry out and document appropriate physical monitoring of the person being restrained for the period of restraint;
    b. Immediately re-evaluate and readjust restraint if the consumer becomes medically compromised;
    c. Regularly monitor and re-assess if restraint is still needed;
    d. Wherever possible, avoid or mitigate mechanical and postural factors which may increase the risk of harm to the consumer during physical restraint, including restraint positions that restrict breathing or venous return;
    e. Wherever possible, avoid using prone restraint and other high-risk techniques where, for example, the consumer's head or trunk is bent towards their knees, due to an increased risk of hypoxia and irreversible injury; and
    f. If the use of prone restraint and other high-risk techniques cannot be avoided:
        i. Limit use of these restraints to the minimum amount of time necessary to change restraint position, and to no more than three minutes;
        ii. Consider the consumer's overall health status and constantly monitor the consumer's vital signs; and
        iii. Where possible, utilise a person not involved in the restraint to monitor the consumer's condition.

4. Transport Officers must, wherever possible, involve the consumer and their family, carer or support person (with the consumer's consent) in collaborative decision

making about options for restraint management, prior to executing the transport order.

5. If physical and/or mechanical restraint is used during road-based transportation of mental health consumers, Transport Officers must record the following in the Transport Provider's Patient Care Record and include in the verbal and written handover given to the receiving Health Service Provider on arrival:
    a. The completed *Mental Health Patient Transport Risk Rating Form* prescribed in MP 0063/17 *Requesting Road-Based Transport for Mental Health Patients Subject to Transport Orders*;
    b. Information about the type of restraint used and the restraint position;
    c. The reason for its use;
    d. The length of time of each episode of restraint; and
    e. Relevant information from the physical monitoring of the person being transported, including any harm or injuries sustained.

3.5 Local standards, guidelines and procedures

Transport Providers must have local standards, guidelines and/or procedures in place that prescribe, at a minimum, the following:

1. The safe implementation of high-risk restraint techniques;
2. Unsafe practices that should not be used in any circumstance, e.g. pressure to the throat, neck, thorax, back, abdomen, or pelvis;
3. Promotion of a trauma-informed, person-centred and culturally competent approach to consumers by Transport Officers;
4. Appropriate physical monitoring of the person being restrained;
5. Promotion of engagement with consumers' family, carer and/or support person to support person-centred care and reduce the use of restrictive practices; and
6. Promotion of communication and engagement with the person being transported, including explanation about how the transport will proceed.

4. Compliance monitoring

Transport Providers are responsible for ensuring compliance with this Policy.

The Department of Health's Mental Health Unit will monitor and evaluate Transport Provider compliance with the Policy requirements for assurance purposes. Transport Providers must email the Department of Health's Mental Health Patient Transport Service Contract Manager with the data outlined below quarterly (covering the January to March, April to June, July to September and October to December periods), within two weeks following the reporting quarter, in an Excel spreadsheet or equivalent format. The Mental Health Patient Transport Service Contract Manager will forward this data to the Mental Health Unit.

1. Number of reported breaches/investigations/complaints relating to this policy.
2. Total number of transport orders executed under the MHA 2014 by the referring service.
3. For each MHA 2014 transport order carried out by the Transport Provider, where restraints have been used during transportation of the consumer:
    - Transport type (Emergency Department, Inter-hospital, Community)
    - Referring service/pick-up location
    - Receiving service/destination

- Booking date or pick-up date
- Patient transport risk rating (Low, Medium, High, Significant)
- Restraint continued or initiated (Continued, Initiated)
- Type of restraint (Mechanical, Physical)
- Physical monitoring performed (Yes, No)
- Handover given to receiving Health Service Provider when physical and/or mechanical restraint used (Yes, No).

In line with MP 0122/19 *Clinical Incident Management Policy 2019*, Transport Providers must report all Severity Assessment Code (SAC) 1 clinical incidents, including sentinel events, resulting in serious harm or death of a consumer to the Department of Health's Patient Safety Surveillance Unit (PSSU). The Mental Health Unit will monitor any SAC 1 clinical incidents reported by Transport Providers that occur during the execution of a transport order through data sharing arrangements with PSSU.

The local standards, guidelines and procedures that contain the standards mandated in Section 3.5, for example, Clinical Practice Guidelines, must be provided to the Mental Health Unit for review on an annual basis.

5. Related documents

The following documents are mandatory pursuant to this Policy:

- N/A

6. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- N/A

7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Apprehension and Return Order (Form 7D)	The person in charge of a hospital or other place or a medical practitioner may make an apprehension and return order under the MHA 2014 in respect of a person who is absent without leave from the hospital or other place if satisfied that no other safe means of ensuring that the person returns to the hospital or other place is reasonably available.
Culturally competent	Cultural competence enables clinicians to provide care in cross-cultural situations, including with Aboriginal people, those from culturally and linguistically diverse backgrounds and people from the lesbian, gay, bisexual, transgender and intersex communities. The ability to interact with others ethically and effectively by understanding cultural values and beliefs about health and illness that are held by an individual, their families and their cultural group is an important component of providing care.

Least-restrictive practices	Least-restrictive practices maximise a person's choices, rights and freedom as much as possible while balancing safety (of people accessing services, staff and others) and healthcare needs. Environments are safe, supportive and respect a person's dignity and privacy.
Mechanical restraint	The application of a device to restrict the person's movement, such as a belt, harness, manacle, sheet or strap. It does not include statutory requirements for the use of occupant restraints and/or seatbelts to facilitate safe patient transport.
Person-centred	Person-centred care is based on the principles of personhood, individualised care and empowerment. In providing clinical care, it is necessary to consider the whole person within his/her social and cultural context, recognising their unique needs, experiences, values and preferences and supporting self-determination in decision making.
Physical restraint	The application of bodily force to the person's body to restrict the person's movement.
Recovery-oriented	Personal recovery is defined within the Australian National Framework for Recovery-oriented Mental Health Services as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues' (Commonwealth of Australia, 2013). Recovery-oriented practice supports people in taking responsibility for their own recovery and well-being and pursuing their life goals.
Restrictive practices	The restriction of an individual's freedom of movement and includes all types of restraints, containment and seclusion.
Transport Officer	A person with the necessary training, qualifications, knowledge, skills and experience employed by a Contracted Health Entity to undertake transport of mental health consumers subject to a Form 4A Transport Order or Form 7D Apprehension and Return Order under the MHA (2014).
Transport Order (Form 4A)	An authorised practitioner can make a transport order under the MHA 2014 if satisfied that a person needs to be taken to the authorised hospital or other place and no other safe means of taking the person is reasonably available.
Transport Provider	Provides a road based mental health patient transport service staffed by Transport Officers, with suitable ambulance vehicles and equipment, that undertake transport orders.
Trauma-informed	Trauma-informed approaches to care assist in creating physical, psychological and emotional safety for individuals, recognising that many people who access mental health services have experienced trauma in their lives.

8. Policy contact

Enquiries relating to this Policy may be directed to:
Title: Program Manager, Mental Health Unit
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9. Document control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0165/21	30 June 2021	30 June 2021	July 2024	Original version
MP 0165/21 v.1.1.	23 August 2023	23 August 2023	July 2024	Amendment as listed below.
Policy contact updated from Patient Safety and Clinical Quality Directorate to Governance and System Support Directorate due to the Mental Health Unit transferring from the Clinical Excellence Division to the Strategy and Governance Division.				

10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance, Department of Health
Approval date	27 June 2021

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