STANDING ORDER 10B
Approved by Professor Dinesh Arya on: 16 August 2024
Review Date: 16 August 2026

# CHEMICAL RESTRAINT
# (in Approved Mental Health Facilities)

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| Purpose | To ensure that restraint is used in an appropriate and safe way that protects the dignity and rights of patients. |
| Approved forms | • Restraint C10 (Mental Health Facilities other than SMHU)<br>• Restraint F10 (SMHU) |
| Locations where restraint can occur | • Approved Hospitals<br>• Secure Mental Health Unit (SMHU), Wilfred Lopes Centre (WLC) |
| What is chemical restraint? | Medication that is given primarily to control a person's behaviour, rather than to treat a mental illness or physical condition. |
| What is NOT chemical restraint? | To prescribe medication for the treatment of a mental illness.<br>For example, it is not chemical restraint to use benzodiazepines for the treatment of insomnia or anxiety, or to use antipsychotic medication for the management of agitation secondary to a disorder of thought. |
| What are the prescribed reasons for placing a patient under restraint? | An involuntary or forensic patient may be restrained:<br>• To facilitate the patient's treatment.<br>• To ensure the patient's health or safety.<br>• To ensure the safety of other persons.<br>• To effect the patient's transfer to another facility, whether in this State or elsewhere.<br>**Additional prescribed reasons in the Secure Mental Health Unit (SMHU), Wilfred Lopes Centre (WLC):**<br>• To facilitate the patient's general health care.<br>• To prevent the patient from destroying or damaging property.<br>• To prevent the patient's escape from lawful custody.<br>• To facilitate the patient's lawful transfer to or from another facility, whether in this State or elsewhere.<br>To provide for the management, good order or security of the SMHU. |
| Who can authorise? | Chief Psychiatrist (or delegate) |
| Monitoring requirements | Clinical observation by a member of the nursing staff - **at least every 15 minutes.**<br>Carefully monitor for any possible harm to physical or mental health.<br>Restraint **must not exceed 3 hours** unless:<br>• the patient has been assessed by a medical practitioner within those three hours to determine if seclusion should continue or be terminated; AND<br>• after conducting a physical examination of the patient, a medical practitioner or approved nurse authorises the continuation of the restraint. |
| Maximum duration | Up to **two consecutive periods of 3 hours** and a **maximum 6 hours**<br>Any additional period, beyond 6 hours, is considered a new episode of restraint and must be authorised by the Chief Psychiatrist (or delegate)<br>If the delegate is a doctor in training or career medical officer with delegations, a discussion with the responsible consultant (or on-call consultant) must occur before proceeding. |

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| Review of Restraint when Medical Practitioner is not available | If it is not possible for a medical practitioner to be available to review the patient within the three hours (e.g. during prolonged transportation), assessment by the medical practitioner can be undertaken in the first instance by video call or if this is not possible, by phone.<br>When a review is undertaken by video call or phone, an approved nurse should be with the patient while the medical practitioner reviews the patient.<br>The approved nurse must explain to the patient, in a language and form that the patient can understand, how the review will be undertaken, the reasons for this and that the medical practitioner will be assessing them either virtually or over the phone.<br>The approved nurse must conduct a physical examination and discuss the findings of the physical examination with the medical practitioner.<br>The medical practitioner must determine in consultation with the approved nurse whether continuation of restraint is necessary. |
| Practice requirements | • **Restraint is a last resort option and should be used for the minimum duration.**<br>• The decision to use restraint must only be made after less restrictive interventions and de-escalation techniques have been tried without success and the authorising person is satisfied that it is a reasonable intervention.<br>• The patient must be provided suitable clean clothing, bedding, food and drink, access to toilet and sanitary items, ventilation, light and can summon staff if needed.<br>• The patient must be provided with access to any physical and communication aids required for daily function, except if removal of these items is strictly necessary for patient safety.<br>• The administration of any prescribed medications must not be unreasonably denied or delayed.<br>• Ensure the patient is debriefed about the use of restraint as soon as clinically appropriate.<br>• Ensure staff debriefing occurs as soon as appropriate. |
| Documentation requirements | • Complete the appropriate form (C10 or F10).<br>• Provide a copy of the form to the patient and explain in a way that can be understood.<br>• Provide the patient with a statement of rights.<br>• Place a copy of the form on the patient's clinical record.<br>• Give a copy of the form to the Chief Psychiatrist and the Tribunal.<br>• If the patient consents, give a copy to the patient's support person/representative or to the parent/guardian, if the patient is a child. |

## Guidance for approved facilities and persons in charge

- Ensure policies and protocols are aligned with this guideline.
- Provide education and training programs that support provisions in this guideline.
- Ensure appropriate documentation is maintained.

## *Relevant sections of the Mental Health Act 2013 for reference (Sections 57 and 95)*

*(1) Except if authorised under any other law, an involuntary or forensic patient may be placed under restraint if, and only if –*

*(a) the patient is in an approved facility; and*
*(b) the restraint is authorised as being necessary for a prescribed reason by –*
*(i) in the case of chemical or mechanical restraint, the Chief Psychiatrist; or*
*(ii) in the case of physical restraint where the patient is a child, the Chief Psychiatrist; or*
*(iii) in the case of physical restraint where the patient is not a child, the Chief Psychiatrist, a medical practitioner or an approved nurse; and*
*(c) the person authorising the restraint is satisfied that it is a reasonable intervention in the circumstances; and*
*(d) the restraint lasts for no longer than authorised under this section; and*
*(e) the means of restraint employed in the specific case is, in the case of a mechanical restraint, approved in advance by the Chief Psychiatrist; and*
*(f) the restraint is managed in accordance with any relevant standing orders or clinical guidelines.*

*(2) If an involuntary or forensic patient is placed under restraint under this section –*

*(a) the patient must be clinically observed by a member of the approved hospital's nursing staff at intervals not exceeding –*
*(i) 15 minutes; or*
*(ii) such other intervals as the standing orders may mandate; and*
*(b) the restraint must not be applied for a period exceeding 3 hours unless –*
*(i) the patient has been assessed by a medical practitioner within those 3 hours; and*
*(ii) after conducting a physical examination of the patient, a medical practitioner or approved nurse authorises the continuation of the restraint for one specified period not exceeding 3 hours; and*
*(c) the patient must be assessed by a medical practitioner at intervals not exceeding 3 hours to see if the restraint should continue or be terminated; and*
*(d) the Chief Psychiatrist may impose conditions on the restraint of the patient at any point during the period of restraint for the patient; and*
*(e) while restrained, the patient must be provided with –*
*(i) suitable clean clothing and bedding; and*
*(ii) adequate sustenance; and*
*(iii) adequate toilet and sanitary arrangements; and*
*(iv) adequate ventilation and light; and*
*(v) a means of summoning aid; and*
*(f) the administration of any prescribed medications to the patient must not be unreasonably denied or delayed; and*
*(g) the patient must not be deprived of –*
*(i) physical aids, except as may be strictly necessary for the patient's safety or the preservation of those physical aids for the patient's future use; and*
*(ii) communication aids that the patient uses in communicating on a daily basis, except as may be strictly necessary for the patient's safety or the preservation of the communication aids for the patient's future use; and*
*(h) regardless of authorisation, the restraint –*
*(i) if the restraint is a chemical restraint, must not be administered with the intention that the patient be restrained by the chemical restraint for more than 6 hours; and*
*(ii) if the restraint is not a chemical restraint, must not exceed 6 hours; and*
*(iii) must not be maintained to the obvious detriment of the patient's mental or physical health.*

*(3) Nothing in this section is to be taken as conferring any kind of authority for a patient to be placed under restraint as a means of punishment or for reasons of administrative or staff convenience.*

*(4) However, nothing in this section applies to or prevents the emergency short-term physical restraint of a patient, subject to and in accordance with relevant standing orders or clinical guidelines, so as to –*
*(a) prevent the patient from harming himself or herself or others; or*
*(b) prevent the patient from damaging, or interfering with the operation of, a facility or any equipment; or*
*(c) break up a dispute or affray involving the patient; or*
*(d) ensure, if he or she is uncooperative, the patient's movement to or attendance at any place for a lawful purpose.*

*(5) Notwithstanding the discretionary nature of the power under section 152(1) , the Chief Psychiatrist must ensure that standing orders are issued for this section.*

*(5A) Consecutive periods of restraint under this section, in respect of an involuntary or forensic patient, are only to occur in accordance with the standing orders issued for this section.*

*(6) In this section –*

*The restraint of an involuntary or forensic patient is reviewable by the Tribunal*
*The Chief Psychiatrist has power to intervene in such circumstances*