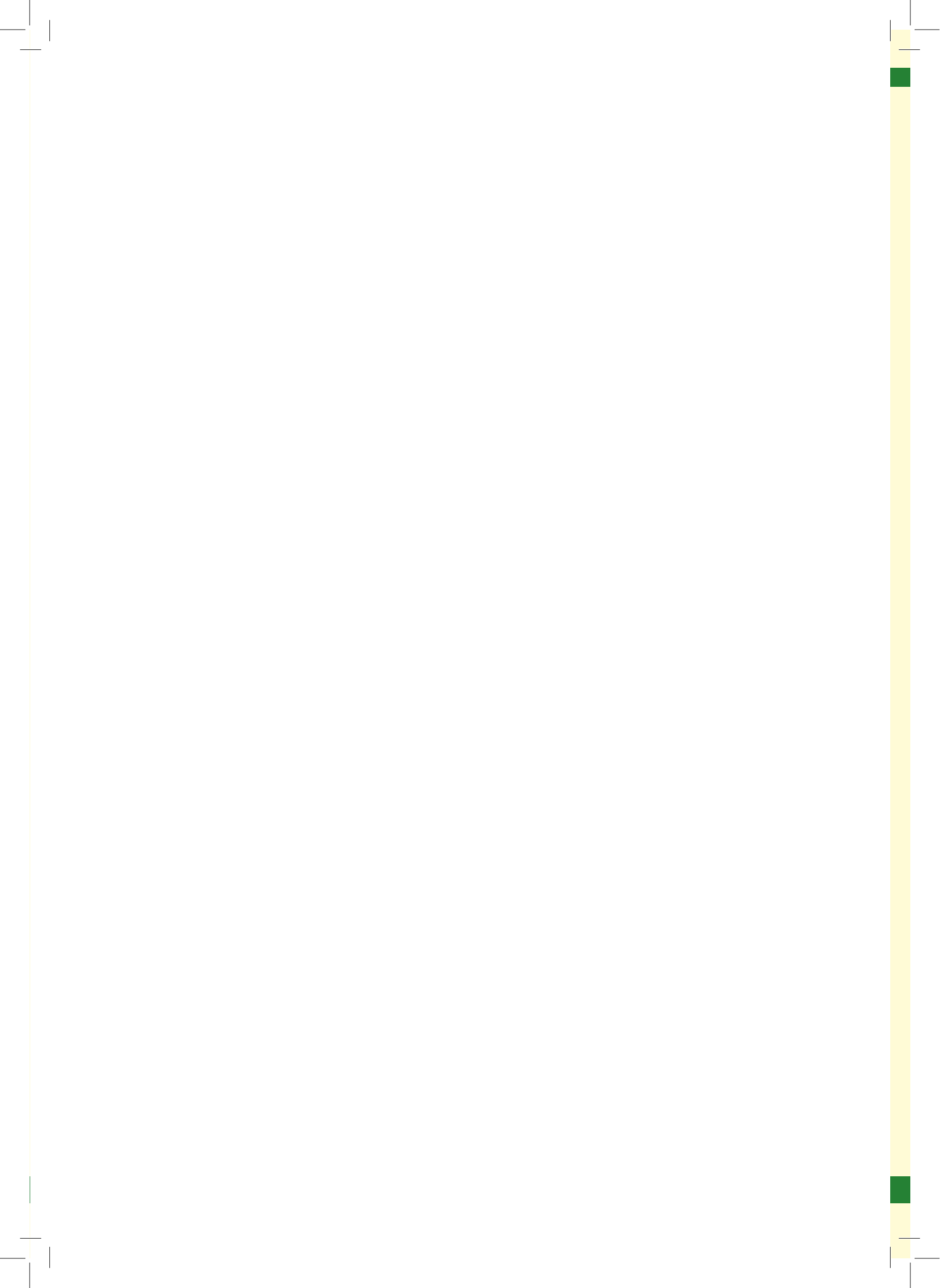


POLICY GUIDELINES ON SECLUSION AND RESTRAINT OF MENTAL HEALTH CARE USERS



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



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FOREWORD

Seclusion and restraint are regulated in terms of the General Regulations to the Mental Health Care Act No 17 of 2002.

These policy guidelines are issued by the Department of Health to improve mental health clinical practice in line with section 21 of the National Health Act No 61 of 2004, which prescribes that I must “issue guidelines for the implementation of national health policy”.

Due to the nature of mental illness, users may at times become dangerous to themselves, others or property, warranting emergency intervention in the form of restraint or seclusion. These procedures restrict the mental health care user’s movements and may harm the user if not properly instituted or monitored. These policy guidelines are based on the premise that seclusion and restraint are implemented only under extreme circumstances as a matter of last resort, never for punishment, in a safe and therapeutic manner and by appropriately trained personnel. Seclusion and restraint should be used only as part of a holistic approach and an intervention aimed at managing the presenting behavior at that point in time.

Mental health practitioners must keep in mind that these procedures carry serious implications on civil liberties, with potential breach of mental health care users’ rights. The Mental Health Care Act No 17 of 2002 regulates these procedures to ensure that whenever used, appropriate procedures are followed to prevent abuse and injury and that mental health care users are treated with respect and dignity. Users must not be subjected to inhumane or degrading treatment and their rights to liberty, security and non-discrimination must be upheld. Inappropriate use of seclusion and restraint may be unlawful, as will any unreasonable use of force.

These policy guidelines must be implemented by all health practitioners to ensure that the human rights of mental health care users are upheld.

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DATE: 21.03.12

1. INTRODUCTION

Due to the nature of mental illness, mental health care users may at times, display severely disturbed, aggressive behaviour to themselves, others or property, warranting emergency intervention in the form of restraint or seclusion in a mental health care establishment.

Seclusion and restraint, mechanical or otherwise, are emergency interventions that involve the curtailment of freedom of the mental health care user. As a result these interventions should only be used in extreme circumstances and as a last resort, where no other less restrictive form of treatment is available or where alternative measures were determined to be ineffective.

The need to physically restrain a patient should be limited to brief periods during which medication to control violent behaviour is administered or while waiting for the medication to take effect. Violent behaviour in a patient always necessitates the exclusion of a treatable serious medical condition as the underlying cause.

The user is likely to view these interventions as assaultive and punitive. The potential of abuse by health personnel and injury when measures are not applied properly and not regulated do indeed exist. These restrictions must therefore only be used in defined circumstances as set out in the Mental Health Care Act No 17 of 2002 and its General Regulations.

Seclusion and restraint are regulated by the General Regulations of the Mental Health Care Act No 17 of 2002 to ensure that whenever they are used, appropriate procedures are followed to prevent abuse, injury and that mental health care users are treated with dignity and their liberties are not infringed upon.

These interventions if used in conjunction with other evidence based treatment strategies have proven to be effective in limiting the progression of disruptive behaviour, and ultimately contributing to positive clinical outcomes in the treatment of mental health care users.

International research indicates that most users would not require repeated seclusion or restraint during a single aggressive episode.

The decision to seclude or restrain a mental health care user should be based on sound clinical judgment and made by qualified and experienced mental health practitioners. Such decisions should not be taken for punishment purposes.

2. DEFINITIONS

“Seclusion” means the isolation of a user in a space, where his or her freedom of movement is constricted or restricted.

“Physical means of restraint” or **mechanical restraint** means the use of any instrument or appliance whereby the movements of the body or any of the limbs of a user are restrained or impeded.

It means temporarily physically restraining the movements of the body by one or more persons in order to prevent that the person so restrained from harming self, others or destroying property.

3. PURPOSE

To provide guidelines on the use of seclusion and restraint of mental health care users.

4. LEGISLATIVE FRAMEWORK

The following directives inform this policy guideline:

- 4.1. Constitution of Republic of South Africa, 106 (Act No 106 of 1996).
- 4.2. National Health Act, 61 (Act No 61 of 2003).
- 4.3. Mental Health Care Act, 17 (Act No 17 of 2002) and its Regulations.

5. GUIDING PRINCIPLES

These guidelines are based on the following principles:

- 5.1. Mechanical means of restraint may only be used in a health establishment run under the auspices of an organ of the State or in a private health establishment, which has been licensed in terms of the Mental Health Care Act No 17 of 2002.

- 5.2. Mental Health care users shall not be secluded or restrained as a punishment.
- 5.3. Seclusion and mechanical restraint may only be used to contain severely disturbed behaviour, which is likely to cause harm to self, others or property and where the other treatment techniques have failed.
- 5.4. Emphasis should be placed on optimal care, treatment and rehabilitation of mental health care users, while minimizing and limiting the use of mechanical restraint and seclusion to emergency clinical interventions, which are provided as infrequently as possible.
- 5.5. Mechanical restraint and seclusion should be used only when there is a greater likelihood of injury to self or others and only as a last effort when all other less restrictive alternatives have been considered and found to be not feasible, and thus failed to ensure the safety of the mental health care user, others or property.
- 5.6. The use of less restrictive and less intrusive alternative treatment interventions should be encouraged at all times.
- 5.7. Promote safe use of physical means of restraint and seclusion that values and incorporates risk assessment and early intervention.
- 5.8. Thorough ongoing assessment of the mental health care user before, during and after seclusion and restraint should be ensured in order to inform the treatment plan for the mental health care user.
- 5.9. The human rights of mental health care users should be upheld in all aspects of care, treatment and rehabilitation.
- 5.10. A therapeutic environment should be ensured in order to provide safe and effective care within the least amount of time necessary to help the mental health care user to regain self-control.
- 5.11. Ongoing training and re-orientation of personnel regarding restraint and

seclusion should be provided.

- 5.12. Mental health care users and their families should be educated about the use and purpose of seclusion and mechanical restraint.
- 5.13. Monitoring and evaluation systems on the patterns of mechanical restraint and seclusion of mental health care users and ways to reduce their use should be incorporated into quality improvement programs.

6. INDICATIONS FOR THE USE OF SECLUSION AND MECHANICAL RESTRAINT

- 6.1. Seclusion and restraint may only be used when there is reason to believe that the mental health care user is likely to inflict harm to self or others or destroy property.
- 6.2. Seclusion and restraint to be used only in emergency situations, where there is an occurrence of, or serious threat of extreme violence by the mental health care user and alternative less restrictive interventions have been determined to be ineffective.
- 6.3. Seclusion and restraint must be used as an adjunct to planned care and treatment or as a component of the clinical management of a physically aggressive and disruptive mental health care user.
- 6.4. Seclusion to be provided when the mental health care user requires reduced environmental stimulation.
- 6.5. The decision to restrain or seclude a mental health care user must be regularly reviewed to determine when safer, less restrictive management alternatives can be implemented.

7. CONTRAINDICATIONS FOR THE USE OF SECLUSION AND MECHANICAL RESTRAINT

- 7.1. Seclusion should not be used if the patient is suicidal or actively self-harming.

- 7.2. Seclusion and restraint should not be used for children up to 12 years.
- 7.3. Seclusion and restraint should not be used where alternative interventions can work.
- 7.4. Seclusion and restraint should not be used:
 - 7.4.1. as punishment or a threat;
 - 7.4.2. for the convenience of personnel;
 - 7.4.3. as a management strategy to compensate for a shortage of staff;
 - 7.4.4. where there are clinical or medical conditions requiring physical proximity and monitoring by staff; and
 - 7.4.5. where the mental health care user has lost consciousness.

8. SPECIAL CONSIDERATIONS ON THE USE OF SECLUSION AND MECHANICAL RESTRAINT

- 8.1. Older mental health care users may be at particular risk of adverse events resulting from physical health problems or frailty. They should be monitored closely if seclusion or restraint cannot be avoided.
- 8.2. Mental health care users with a history of trauma (physical or psychological) may be at particular risk of compounded trauma through the use of seclusion and mechanical restraint. This should be noted in the care plan when known and alternative strategies such as early behavioural and pharmacological interventions should be implemented.
- 8.3. Mental health care users who may for any reason be at particular risk of self-harm whilst in seclusion, should be monitored closely if seclusion cannot be avoided.
- 8.4. The mental health care user's head and face must not be obstructed during seclusion and restraint.
- 8.5. All medication administered to the mental health care user must be prescribed by a qualified mental health care practitioner.
- 8.6. Where restraint is required in order to administer pharmacological

treatment, such means should be applied for as short a period, depending on the condition of the mental health care user concerned, as is necessary to effect the treatment.

9. PROCEDURE FOR SECLUSION AND MECHANICAL RESTRAINT

9.1. Prescription

- 9.1.1. A qualified medical officer should prescribe seclusion and restraint in the clinical progress notes.
- 9.1.2. Each psychiatric unit must have an updated clinical management protocol or standing order on restraint and seclusion.
- 9.1.3. Where the relevant clinical management protocol was used to prescribe seclusion or restraint, the medical officer or psychiatrist, must be notified of the event immediately.
- 9.1.4. The medical officer or psychiatrist must prescribe the procedure within 24 hours of implementation.

9.2. Duration of seclusion and mechanical restraint

- 9.2.1. Individual prescription should specify the duration of seclusion and restraint, which should be less than 4 hrs for adults, maximum of 2 hours for adolescents (12-18 years).
- 9.2.2. The period of seclusion and restraint must be limited to the minimum time required to remove the risk.
- 9.2.3. Seclusion and mechanical restraint must be terminated once indications of risk for harm have ceased to be present.
- 9.2.4. Seclusion is valid from the time the seclusion room door is locked until it is unconditionally unlocked.
- 9.2.5. The seclusion period is **not** broken when the patient is attending to personal needs, or being given medication, food or fluids.
- 9.2.6. The medical officer or psychiatrist must renew the prescription for seclusion and restraint at least every 24 hours with a concurrent face-to-face re-

evaluation of the mental health care user.

9.3. Care of a mental health care user who is secluded or mechanically restrained

- 9.3.1. All objects or material that may pose a safety risk must be removed in the room and the user must be searched before being secluded.
- 9.3.2. There should be ongoing assessment of the mental health care user's presenting problems, identification of precipitants to the aggressive behaviour and other environment specific triggers.
- 9.3.3. There should be a complete biopsychosocial assessment of the user, which should include the developmental history, any history of trauma (physical or sexual and other traumatic events), particular cultural needs which may affect the delivery of care, physical condition (hydration status, and bowel and bladder needs, etc) and mental status.
- 9.3.4. Medication contraindications, drug interactions, side effects and infections must be excluded.
- 9.3.5. There should be concurrent screening and assessment for co-morbid illnesses (including the possibility of substance intoxication or withdrawal) to ensure that emergent physiologic needs are addressed.
- 9.3.6. While the mental health care user is mechanically restrained or secluded, he or she must be subject to observation at least every 30 minutes and such observations should be recorded in the clinical progress notes.
- 9.3.7. The half hourly observations should include, but not limited to:
 - 9.3.7.1. The mental health care user's behaviour while in seclusion or under restraint.
 - 9.3.7.2. Medication administered and response to the drugs given.
 - 9.3.7.3. Attention to hydration, nutrition, comfort, and toileting.
 - 9.3.7.4. Attention to the general cleanliness of the mental health care user.
 - 9.3.7.5. The vital signs (if possible) and mental health status.

10. RECORD KEEPING

- 10.1. Whenever a seclusion or restraint is utilized, a register in the form of form MHCA 48 shall be completed and be signed by the medical officer or psychiatrist.
- 10.2. The time period of seclusion and the reason for secluding such mental health care user must be outlined in the relevant register by such medical officer or psychiatrist.
- 10.3. Whenever restraint is utilized, the form used, the time period used, the times when the user was observed and the reason for administering such means of restraint must be outlined in the relevant register by the medical officer or psychiatrist.
- 10.4. The head of the health establishment concerned shall receive a daily report indicating all incidents of seclusion and those involving mechanical restraint.
- 10.5. The transcript of the register must be submitted by the head of the health establishment concerned to the Review Board quarterly on form MHCA 48.
- 10.6. Reports on injuries and loss of life during seclusion and restraint must be submitted to the Mental Health Review Board for investigation.

11. OTHER INFORMATION TO BE CONTAINED IN THE CLINICAL NOTES

- 11.1. Behaviour that led to the decision to seclude and restrain the mental health care user.
- 11.2. Measures taken to prevent seclusion or restraint.
- 11.3. Therapeutic goals for seclusion and restraint
- 11.4. Any deviation from the guideline on seclusion and restraint.
- 11.5. Therapeutic response of the user following seclusion and restraint.

12. QUALITY MONITORING OF SECLUSION AND RESTRAINT PRACTICE

- 12.1. The multidisciplinary team must frequently review all incidents of seclusion and restraint.
- 12.2. Consideration should be given to the factors and conditions that ultimately precipitated the use of seclusion and restraint. Alternative intervention strategies, which should be incorporated into the user's care plan to prevent future application of seclusion and restraint measures, should be instituted, where possible.
- 12.3. Any untoward incidents related to seclusion and restraint should be noted and recorded in the clinical progress notes.

13. INFRASTRUCTURE REQUIREMENTS FOR A SECLUSION ROOM

The design finishes and furnishings in the seclusion room must promote the safety and maintain the dignity of the mental health care users.

- 13.1. The seclusion room must be located near the nurses' station for ease of observations.
- 13.2. Adequate temperature control to prevent hypo or hyperthermia and promote comfort should be provided.
- 13.3. The ceiling must be beyond the reach of the mental health care user.
- 13.4. Windows must pose no safety or security risk.
- 13.5. The aperture window on the seclusion room door as well as windowpanes should be covered by unbreakable safety glass.
- 13.6. The locking mechanism must be safe and efficient.
- 13.7. A secure CCTV monitoring system must cover the entire seclusion room.

- 13.8. The seclusion room must be devoid of furnishings and objects that the mental health care user could use to inflict harm to self or others.
- 13.9. An alarm and or intercom system to summon assistance should be provided.
- 13.10. The base of the mattress should be safe and immovable.
- 13.11. The mattress should be fire, tear and waterproof.
- 13.12. A fire detection system should be installed.
- 13.13. An appropriate and safe toilet facility and a basin must be provided or made available.



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