Restrictive Practices Guidance
Mechanical Restraint

Key points

- ✓ If the person uses behaviours of concern, a functional behavioural assessment must be completed, regardless of whether mechanical restraint is used.
- ✓ Workers using mechanical restraint must be appropriately trained to use the device safely.
- ✓ If a mechanical restraint seems to fit poorly, or is damaged, it should be assessed to ensure that it is safe to use.
- ✓ If the person has difficulty communicating, then a communication assessment will help find strategies the person could use to communicate their issues.
- ✓ If you are unsure whether a practice is a mechanical restraint or not, seek advice.

Introduction to mechanical restraint

Mechanical restraint is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour. It does not include the use of devices for therapeutic or non-behavioural purposes.

It is difficult to estimate how frequently mechanical restraint is used with people with disability, partly because researchers have often considered mechanical restraint and physical restraint as one category. One large English study found that 51% of people in services for those with learning disabilities administered by the National Health Service had experienced mechanical restraint in the prior six months.[i]

Using mechanical restraint may be safer than using physical restraint, particularly if the device is built for that purpose. Mechanical restraint is also less likely to offer perceived benefits that may encourage behaviours of concern, such as where a person uses physical restraint to access intimacy or emotional responses from staff. Mechanical restraint is also more overt and therefore easier to observe. Mechanical restraint is prone to over-use and often requires use of physical restraint to implement the strategy.

A restrictive practice is an intervention which has the effect of restricting the rights, freedom of movement, or access of a person with a disability who is displaying a behaviour of concern. Restrictive practices should be used only in limited circumstances as a last resort and not as a first response to behaviours of concern, or as a substitute for adequate supervision. We are working towards the reduction and elimination of the use of restrictive practices.

Restrictive practices include:

- Seclusion
- Physical Restraint
- **Mechanical Restraint**
- Chemical Restraint
- Environmental Restraint.

The NSW Government oversees authorisation of restrictive practices by registered NDIS providers. The NDIS Quality and Safeguards Commission provides leadership in behaviour support and in the reduction and elimination of restrictive practices.

Does the definition of mechanical restraint include devices used for therapeutic purposes?

Use of a device to prevent, restrict, or subdue a person's movement is not always a mechanical restraint that requires authorisation. It is not the use of a device that requires authorisation, but its use as a mechanical restraint to manage behaviour. The key point is the purpose or intention of using the device.

Some devices might, or might not, be a mechanical restraint depending on why they are being used.

An example of a device and when it does, or do not, require authorisation as a mechanical restraint is discussed below.

Use of a harness for helping a person to calm down or preventing them from engaging in voluntary arm movements that could injure themselves or others is for the purpose of addressing behaviours of concern and is a mechanical restraint. Authorisation is required.

Use of a harness in a vehicle to prevent the person from interfering with other people in the vehicle is, if it is the least restrictive effective strategy, a device required for safe transportation and is a mechanical restraint. Authorisation is required.

Use of a harness in a wheelchair for postural support as prescribed by an occupational therapist is for the purpose of helping a person with functional activities and is not a mechanical restraint. Authorisation is not required.

What issues do I need to consider for participants when using mechanical restraint?

Mechanical restraint should not be used without consent. For consent to be valid it must be voluntary, informed, specific and current. Where possible, consent should be obtained from the person if they are an adult or young person (16-18 years). Consent may also be given by other people, such as a guardian with a restrictive practices function, including a person appointed by the Guardianship Division of the NSW Civil and Administrative Tribunal.

Consent for the use of a regulated restrictive practice for a child should be obtained from a parent or guardian, or the person with parental responsibility (e.g. the Minister for Family and Community Services). Applying a mechanical restraint may also require physically restraining the person temporarily. The safety and wellbeing of the person must be considered both in using and applying the mechanical restraint. Ensure that the person is in a safe body position, e.g. not face-down, and that no more physical force is used to apply mechanical restraint than is necessary.[ii]

Mechanical restraint (as with all restrictive practices) should be used for the shortest period possible to address the behaviour of concern.[iii] The person should be monitored closely for signs of physical or mental distress, and negative effects on their breathing, circulation, skin, body alignment and level of consciousness.[ii]

Restraint can trigger extreme responses from some people, including people with a history of trauma. Gender sensitivity is also important when using mechanical restraint, as well as in arrangements for toileting and observations while mechanical restraint is being used.[iii]

What about devices for safe transportation of people with behaviours of concern?

All people travelling in a vehicle in NSW are required to wear seatbelts. In some cases, the behaviour of a person with disability while travelling in a vehicle may pose risks to themselves, or to others. In these cases, additional measures may be required for safe transportation.

Even though it may be restrictive, interventions intended solely to enable safe transportation of a person with disability are not included in the definition of mechanical restraint, and do not need to be authorised. These strategies must, however, be the least restrictive effective option to manage the behaviour of concern and ensure safe transportation.

Some examples of strategies that may be used without authorisation, where it is the least restrictive effective option, include:

- a buckle guard for a seat belt to prevent the buckle being undone when it is not safe
- the 'child lock' on a door to prevent the door from being opened when it is not safe
- an adjustable vest to prevent unsafe unintentional movement within the vehicle.

What less restrictive alternatives to mechanical restraint should I consider?

A range of positive behaviour support strategies may assist a person to manage behaviours of concern without the need for mechanical restraint. This may include environmental supports that can influence the person's behaviour, and helping them to learn new behaviours[iv] without infringing on their rights.

Preventative measures, such as advance safety planning, can help to minimise the use of mechanical restraint by addressing the person's clinical needs and environmental triggers.[iii]

Behaviour support interventions that are consistent with functional assessment findings are more effective in managing behaviours of concern.[iv] For example, some people who are distressed when routines change can benefit from help to prepare for changes so that they are less distressed. All behaviour support plans need to be based on a functional behaviour assessment so that strategies can address the purposes of the behaviour.

Strategies to address the identified issue may be effective, such as seeking medical assistance to address pain or discomfort, providing engagement activities during events that may trigger behaviours of concern, or saturating the person with preferred activities after a trigger event has been managed with positive behaviours. Using verbal strategies and de-escalation techniques may also help the person to manage their behaviour of concern without mechanical restraint.

What duty of care issues should I consider when using mechanical restraint?

Anyone for whom a mechanical restraint is recommended or used should have a functional behaviour assessment to identify the purpose of the behaviour and the appropriate environmental, personal, and social supports needed to decrease the occurrence of that behaviour.

Devices may cause or contribute to injury or discomfort, especially if used incorrectly or when poorly fitted. People who have complex communication needs should be assessed by a speech pathologist and supported to communicate, where possible, any discomfort or pain they may experience from the use of a device. Devices should be assessed regularly to ensure that they are in good working order, are safe to operate, and are the appropriate size for the person. Devices should not be used unless they are clean and working safely.

Devices that are not usually associated with restrictive practices, such as devices for safe transportation, like seatbelt guards, or to prevent injury, like bed rails, may still be prohibited if they are used for inappropriate purposes, such as for punishment.

Sometimes behaviours of concern have physical causes, such as an illness like gastro-oesophageal reflux or untreated fractures, which may result in the person feeling sad, angry or aggressive. Prior to behaviour support, a medical practitioner needs to conduct a thorough health assessment.

While mechanical restraint can improve safety in the short term, it is not a treatment with lasting benefits that support fading out the use of restrictive practices over time. Positive behaviour support strategies should also be used to reduce environmental causes and help the person to develop new behaviours.

Further reading

[i] Sturmey, P. (2009). Restraint, seclusion and PRN medication in English services for people with learning disabilities administered by the national health service: an analysis of the 2007 national audit survey. *Journal of Applied Research in Intellectual Disabilities*, 22(2), 140-144. doi:10.1111/j.1468-3148.2008.00481.x

[ii] Queensland Health (2017). *Mental Health Act 2016 – Chief Psychiatrist Policy: Mechanical Restraint*. Brisbane: State of Queensland. Retrieved from https://www.health.qld.gov.au/__data/assets/pdf_file/0033/465189/cpp-mechanical-restraint.pdf

[iii] Tasmanian Department of Health and Humans Services (2017). *Mechanical and Physical Restraint: Chief Forensic Psychiatrist Clinical Guideline 10A*. Hobart: State of Tasmania. Retrieved from: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/252770/CFP_Clinical_Guideline_10A_-_Mech,_physical_restraint.pdf

[iv] Morris, K.R., and Horner, R.H. (2016). Positive behaviour support. In: NN Singh (ed.), *Handbook of evidence-based practices in intellectual and developmental disabilities* (pp. 415–441). Switzerland: Springer International Publishing.