

**Mental Health and Wellbeing Act 2022
Section 132, 136 and 138**

**MHWA 141
Authority for urgent physical restraint**

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Mental Health Statewide UR Number

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| Local Patient Identifier | | | | | | | | | |
| FAMILY NAME | | | | | | | | | |
| GIVEN NAMES | | | | | | | | | |
| DATE OF BIRTH | | | | | SEX | | GENDER | | |
| Place patient identification label above | | | | | | | | | |



MHWA141

Instructions to complete this form

- This form is used by a Registered Nurse who is authorising urgent physical restraint on a person receiving mental health services in a Designated Mental Health Service and must be completed as soon as practicable after authorising the use of urgent physical restraint.
- A Registered Nurse may only authorise the use of physical restraint if an Authorised Psychiatrist, Registered Medical Practitioner or Nurse in Charge is not immediately available to authorise the use of physical restraint.
- Please cross relevant check boxes in each part.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of patient

- a compulsory patient
 a security patient
 a forensic patient
 a person receiving treatment in a Designated Mental Health Service on a voluntary basis

a patient of:

Designated Mental Health Service

- I am a Registered Nurse.
- The following urgent physical restraint was used on the person:
 - upright side supine prone
- Physical restraint of the abovenamed person was necessary as a matter of urgency:
 - to prevent imminent and serious harm to the person
 - to prevent imminent and serious harm to another person.
- All reasonable and less restrictive options were tried or considered and found to be unsuitable.
- I have given proper consideration to the decision-making principles for treatment and interventions
- Please explain why the physical restraint was necessary, all other less restrictive options tried or considered, and why they were found to be unsuitable:**

- The use of urgent physical restraint commenced on:

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 at:

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date
time 24 hour
- The use of urgent physical restraint ended on:

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 at:

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date
time 24 hour
- I notified:** _____ **ON:**

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 at:

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name of Authorised Psychiatrist or delegate
Registered Medical Practitioner or Nurse in Charge
date
time 24 hour
- Designation of person notified: _____
- Did the person notified authorise the continued use of the physical restraint?
 - Yes (MHWA 140 form must be completed)
 - No

Signature: _____ Date:

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signature of Registered Nurse who authorised urgent physical restraint

Given Names: _____ Family Name: _____

Designation: _____

Notes

Victoria is working towards the elimination of restrictive interventions in mental health and wellbeing service delivery. Service providers should aim to reduce and eventually eliminate the use of restrictive interventions in mental health treatment.

1. Authorisation of continued physical restraint

The Registered Nurse must notify an Authorised Psychiatrist, Registered Medical Practitioner or Nurse in Charge as soon as practicable after authorising urgent physical restraint. If the physical restraint is continuing at the time of the notification, the person must:

- Authorise the continued use of restraint by completing *MHWA 140 – authority for restrictive intervention*; or
- Refuse to authorise the continued use of the physical restraint and release the person from restraint.

2. Meeting the person's needs

A person who authorises the use of a restrictive intervention (including physical restraint) must ensure that the person's needs are met, and the person's dignity is protected by the provision of appropriate facilities and supplies, including bedding and clothing appropriate to the circumstances, food and drink and adequate hygiene and toilet arrangements.

3. Monitoring a person who is subject to physical restraint

A *MHWA 142 - Restrictive interventions observations* form must be completed and attached to this form to record the required clinical observations/reviews/examinations, noting the following requirements:

- a Registered Nurse or Registered Medical Practitioner must continually observe a person subject to physical restraint by for the entire period of the restraint
- a Registered Nurse or Registered Medical Practitioner must clinically review a person subject to physical restraint as often as is appropriate, but not less frequently than every 15 minutes;
- an Authorised Psychiatrist must examine a person subject to physical restraint as often as the Authorised Psychiatrist is satisfied is appropriate in the circumstances to do so, but not less frequently than every 4 hours;
- if it is not practicable for an Authorised Psychiatrist to conduct an examination at the frequency that the Authorised Psychiatrist is satisfied is appropriate, the person must be examined by a Registered Medical Practitioner when so directed by the Authorised Psychiatrist.

4. Release from physical restraint

A person subject to a restrictive intervention (including physical restraint) **must be released** from the restraint as soon as it is no longer necessary.

5. Use of physical restraint on a person receiving treatment in a designated mental health service on a voluntary basis

An Authorised Psychiatrist or Delegate, a Registered Medical Practitioner or the Nurse in Charge should review the person as soon as practicable to determine whether an Assessment Order should be made under section 144 of the Mental Health and Wellbeing Act 2022.

6. Notifications

An Authorised Psychiatrist or Delegate must ensure that, as soon as practicable after commencement of the use of physical restraint on a person, the following persons (as applicable) are notified of its use, the type of restraint and the reason for using it:

- the person's nominated support person;
- the person's parent if the person is under the age of 16 years;
- a carer, if the use of restrictive intervention will directly affect the care relationship between the carer and the person;
- the person's guardian;
- the DFFH Secretary, if that Secretary has parental responsibility for the person under a Relevant Child Protection Order;
- the primary non-legal mental health advocacy service provider.

7. Review

An Authorised Psychiatrist must ensure the use of this physical restraint is reviewed and the person and support persons of their choosing must be offered an opportunity to participate in this review. This review must be carried out in accordance with any guidance from the Chief Psychiatrist.

Decision-making principles for treatment and interventions

In authorising an urgent use of physical restraint, you must **give proper consideration to** these principles.

| Title | Principle |
|---|--|
| Care and transition to less restrictive support | Compulsory assessment and treatment is to be provided with the aim of promoting the person's recovery and transitioning them to less restrictive treatment, care and support. To this end, a person who is subject to compulsory assessment or treatment is to receive comprehensive, compassionate, safe and high-quality mental health and wellbeing services. |
| Consequences of compulsory assessment and treatment and restrictive interventions principle | The use of compulsory assessment and treatment or restrictive interventions significantly limits a person's human rights and may cause possible harm including— (a) serious distress experienced by the person; and (b) the disruption of the relationships, living arrangements, education or employment of the person. |
| No therapeutic benefit to restrictive interventions principle | The use of restrictive interventions on a person offers no inherent therapeutic benefit to the person. |
| Balancing of harm principle | Compulsory assessment and treatment or restrictive interventions are not to be used unless the serious harm or deterioration to be prevented is likely to be more significant than the harm to the person that may result from their use. |
| Autonomy principle | The will and preferences of a person are to be given effect to the greatest extent possible in all decisions about assessment, treatment, recovery and support, including when those decisions relate to compulsory assessment and treatment. |

Definitions

- **'Bodily restraint'** means physical restraint, or mechanical restraint, of a person.
- **'Compulsory patient'** means a person on an Assessment Order, Court Assessment Order, Temporary Treatment Order or Treatment Order.
- **'Mechanical restraint'** means the use of a device to prevent or restrict a person's movement;
- **'Physical restraint'** means the use by a person of their body to prevent or restrict another person's movement but does not include the giving of physical support or assistance to a person in the least restrictive way that is reasonably necessary to—
 - enable the person to be supported or assisted to carry out daily activities; or
 - redirect the person because they are disoriented;
- **'Relevant child protection order'** means:
 - (a) a therapeutic treatment (placement) order;
 - (b) a family reunification order;
 - (c) a care by Secretary order;
 - (d) a long-term care order,each within the meaning of the *Children, Youth and Families Act 2005*.
- **'Seclusion'** means the sole confinement of a person to a room or any other enclosed space from which it is not within the control of the person confined to leave.