

Organisation name Site or unit		POLICY Restraint and seclusion	
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Review date		Replaces	
Owner		Approved by	
Signature			

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Policy · CLN-POL-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 1.4

At a glance

- Restraint and seclusion are used only under this protocol and only as a last resort.
- Each use is time-limited, monitored and documented.
- A less restrictive option is tried first and recorded.
- No restraint is used for staff convenience.
- Stop and get help straight away if: restraint or seclusion is used with no order, no monitoring or past its time limit.

1. 1. Purpose

To protect the patient from harm from restraint and seclusion, and to keep their use to the minimum (1.4).

2. 2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. 3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. 4. Background

Restraint and seclusion can cause injury, distress and death, and they are often used for the convenience of staff. A protocol that treats them as a last resort, time-limited and monitored, protects the patient.

5. 5. Responsibilities

Role	Responsibility	Competence
Clinical director	Owens the protocol and reviews each use each month	Management
Responsible clinician	Orders and reviews each use	Doctor

6. 6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. 7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. 8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. 9. Procedure

Step 1. Last resort.

- Record the less restrictive options tried first.
- Use restraint only when the risk of harm is immediate.

Key point: Last resort, recorded.

Step 2. Order and time-limit.

- The clinician orders the restraint for a set time.
- Record the start and the review time (CLN-FRM-004).

Key point: Every use has a time limit.

Step 3. Monitor.

- Check the patient at the set interval, and release as soon as the risk passes.

Key point: Monitored and released.

10. 10. Decision points

- No decision points in this procedure.

11. 11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. 12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
Uses with order and time limit recorded	100%	Monthly	Clinical director	Escalate to chief executive
Uses reviewed within the set time	100%	Monthly	Clinical director	Escalate to chief executive

14. 14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility's records policy years

15. 15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. 16. Related documents

ID	Title	Use
<u>CLN-FRM-004</u>	Restraint and seclusion record	Record

17. 17. Evidence

Reference	Note
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. 18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

Planned course: Hospital falls prevention, based on the falls guideline. New course planned.

19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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