Restraint and seclusion

Policy | CLN-POL-002

Document type	Policy
Title	Restraint and seclusion
Document ID	{{facility.code}}-CLN-POL-002
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 1 (Assessment, Care Planning and Safety), criterion 1.4
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Restraint and seclusion are used only under this protocol and only as a last resort.
2. Each use is time-limited, monitored and documented.
3. A less restrictive option is tried first and recorded.
4. 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. Purpose

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

2. Scope

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

3. Definitions and abbreviations

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

4. Background and rationale

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

5. Responsibilities

Role	Duties in this SOP	Competence needed
Clinical director	Owns the protocol and reviews each use each month	Management
Responsible clinician	Orders and reviews each use	Doctor

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

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

8. Before you start

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

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Last resort.	• Record the less restrictive options tried first. • Use restraint only when the risk of harm is immediate.	Last resort, recorded.
2	Order and time-limit.	• The clinician orders the restraint for a set time. • Record the start and the review time (CLN-FRM-004).	Every use has a time limit.
3	Monitor.	• Check the patient at the set interval, and release as soon as the risk passes.	Monitored and released.

Decision points

- No decision points in this procedure.

10. Special situations

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

11. Problems and escalation

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

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
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

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

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

15. Related documents

ID	Title	Relationship
CLN-FRM-004	Restraint and seclusion record	Record

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval