Clinical Holding:

Assessment, Planning and Risk

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CRISIS PREVENTION INSTITUTE™

Clinical Holding

Restrictive Practice

‘Restrictive Practice’ is the current umbrella term used to describe different methods of restraint that restrict the rights or freedoms of a person.

Clinical Holding

The planned use of restraint to delivery essential treatment that is in the best interests of a patient without decision-making capacity.

Clinical Holding

Best Interests

‘A decision you would make yourself, if you had the capacity to do so at that point in time.’

ACT Government

Legal and Ethical Issues

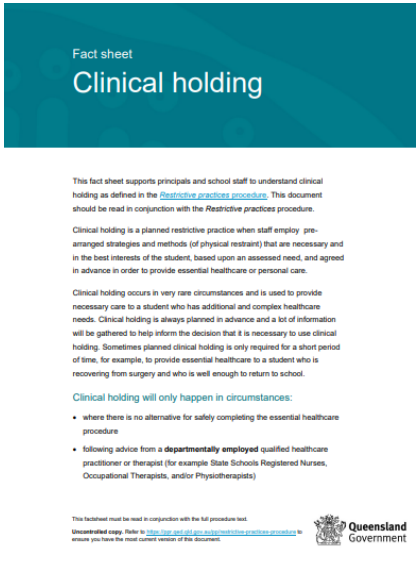
Legal

- Acting in accordance with the law.

Ethical

- Acting in accordance with moral principles – the concept of right or wrong.

Legal and Ethical Issues



Fact sheet

Clinical holding

This fact sheet supports principals and school staff to understand clinical holding as defined in the *Restrictive practices procedure*. This document should be read in conjunction with the *Restrictive practices procedure*.

Clinical holding is a planned restrictive practice when staff employ pre-arranged strategies and methods (of physical restraint) that are necessary and in the best interests of the student, based upon an assessed need, and agreed in advance in order to provide essential healthcare or personal care.

Clinical holding occurs in very rare circumstances and is used to provide necessary care to a student who has additional and complex healthcare needs. Clinical holding is always planned in advance and a lot of information will be gathered to help inform the decision that it is necessary to use clinical holding. Sometimes planned clinical holding is only required for a short period of time, for example, to provide essential healthcare to a student who is recovering from surgery and who is well enough to return to school.

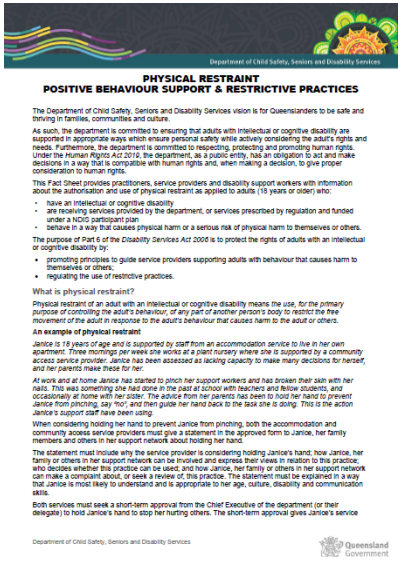
Clinical holding will only happen in circumstances:

- where there is no alternative for safely completing the essential healthcare procedure
- following advice from a **departmentally employed** qualified healthcare practitioner or therapist (for example State Schools Registered Nurses, Occupational Therapists, and/or Physiotherapists)

This factsheet must be read in conjunction with the full procedure text.

Uncontrolled copy. Refer to https://ppr.qed.qld.gov.au/ppr/restrictive-practices-procedure to ensure you have the most current version of this document.

Queensland Government



Department of Child Safety, Seniors and Disability Services

PHYSICAL RESTRAINT
POSITIVE BEHAVIOUR SUPPORT & RESTRICTIVE PRACTICES

The Department of Child Safety, Seniors and Disability Services vision is for Queenslanders to be safe and thriving in families, communities and culture.

As such, the department is committed to ensuring that adults with intellectual or cognitive disability are supported in appropriate ways which ensure personal safety while actively considering the adult's rights and needs. Furthermore, the department is committed to respecting, protecting and promoting human rights. Under the *Human Rights Act 2019*, the department, as a public entity, has an obligation to act and make decisions in a way that is compatible with human rights and, when making a decision, to give proper consideration to human rights.

This Fact Sheet provides practitioners, service providers and disability support workers with information about the authorisation and use of physical restraint as applied to adults (18 years or older) who:

- have an intellectual or cognitive disability
- are receiving services provided by the department, or services prescribed by regulation and funded under a NDIS participant plan
- behave in a way that causes physical harm or a serious risk of physical harm to themselves or others.

The purpose of Part 6 of the *Disability Services Act 2006* is to protect the rights of adults with an intellectual or cognitive disability by:

- promoting principles to guide service providers supporting adults with behaviour that causes harm to themselves or others;
- regulating the use of restrictive practices.

What is physical restraint?

Physical restraint of an adult with an intellectual or cognitive disability means *the use, for the primary purpose of controlling the adult's behaviour, of any part of another person's body to restrict the free movement of the adult in response to the adult's behaviour that causes harm to the adult or others.*

An example of physical restraint

Janice is 16 years of age and is supported by staff from an accommodation service to live in her own apartment. Three mornings per week she works at a plant nursery where she is supported by a community access service provider. Janice has been assessed as lacking capacity to make many decisions for herself, and her parents make these for her.

At work and at home Janice has started to pinch her support workers and has broken their skin with her nails. This was something she had done in the past at school with teachers and fellow students, and occasionally at home with her sister. The advice from her parents has been to hold her hand to prevent Janice from pinching, say "no", and then guide her hand back to the task she is doing. This is the action Janice's support staff have been using.

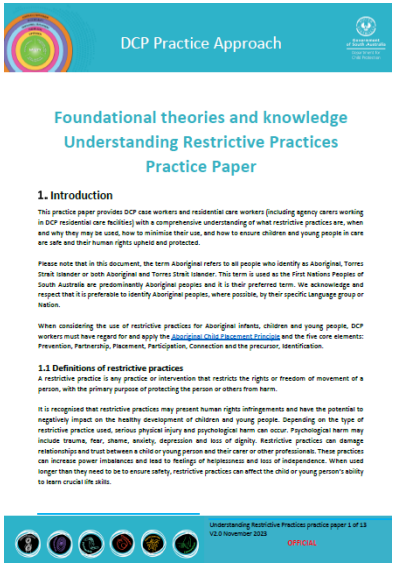
When considering holding her hand to prevent Janice from pinching, both the accommodation and community access service providers must give a statement in the approved form to Janice, her family members and others in her support network about holding her hand.

The statement must include why the service provider is considering holding Janice's hand; how Janice, her family or others in her support network can be involved and express their views in relation to this practice; who decides whether this practice can be used; and how Janice, her family or others in her support network can make a complaint about, or seek a review of, this practice. The statement must be explained in a way that Janice is most likely to understand and is appropriate to her age, culture, disability and communication skills.

Both services must seek a short-term approval from the Chief Executive of the department (or their delegate) to hold Janice's hand to stop her hurting others. The short-term approval gives Janice's service

Department of Child Safety, Seniors and Disability Services

Queensland Government



DCP Practice Approach

Foundational theories and knowledge Understanding Restrictive Practices Practice Paper

1. Introduction

This practice paper provides DCP case workers and residential care workers (including agency carers working in DCP residential care facilities) with a comprehensive understanding of what restrictive practices are, when and why they may be used, how to minimise their use, and how to ensure children and young people in care are safe and their human rights upheld and protected.

Please note that in this document, the term Aboriginal refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific language group or Nation.

When considering the use of restrictive practices for Aboriginal infants, children and young people, DCP workers must have regard for and apply the Aboriginal Child Placement Principle and the five core elements: Prevention, Partnership, Placement, Participation, Connection and the precursor, Identification.

1.1 Definitions of restrictive practices

A restrictive practice is any practice or intervention that restricts the rights or freedom of movement of a person, with the primary purpose of protecting the person or others from harm.

It is recognised that restrictive practices may present human rights infringements and have the potential to negatively impact on the healthy development of children and young people. Depending on the type of restrictive practice used, serious physical injury and psychological harm can occur. Psychological harm may include trauma, fear, shame, anxiety, depression and loss of dignity. Restrictive practices can damage relationships and trust between a child or young person and their carer or other professionals. These practices can increase power imbalances and lead to feelings of helplessness and loss of independence. When used longer than they need to be to ensure safety, restrictive practices can affect the child or young person's ability to learn crucial life skills.

Understanding Restrictive Practices practice paper 1 of 13
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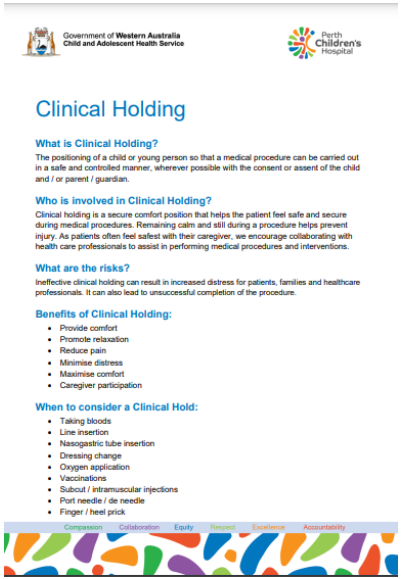

Government of Western Australia
Child and Adolescent Health Service

Perth Children's Hospital

Clinical Holding

What is Clinical Holding?

The positioning of a child or young person so that a medical procedure can be carried out in a safe and controlled manner, wherever possible with the consent or assent of the child and / or parent / guardian.

Who is involved in Clinical Holding?

Clinical holding is a secure comfort position that helps the patient feel safe and secure during medical procedures. Remaining calm and still during a procedure helps prevent injury. As patients often feel safest with their caregiver, we encourage collaborating with health care professionals to assist in performing medical procedures and interventions.

What are the risks?

Ineffective clinical holding can result in increased distress for patients, families and healthcare professionals. It can also lead to unsuccessful completion of the procedure.

Benefits of Clinical Holding:

- Provide comfort
- Promote relaxation
- Reduce pain
- Minimise distress
- Maximise comfort
- Caregiver participation

When to consider a Clinical Hold:

- Taking bloods
- Line insertion
- Nasogastric tube insertion
- Dressing change
- Oxygen application
- Vaccinations
- Subcut / intramuscular injections
- Port needle / de needle
- Finger / heel prick

Compassion Collaboration Equity Respect Excellence Accountability

Legal and Ethical Issues

- Taking reasonable measures to protect, or at least not cause foreseeable harm by act or omission, to another.

Decision Making

- Assessed and Planned.
- Absolutely necessary to:
  - *prevent serious harm.*
  - *prevent serious deterioration in the patient's condition.*
  - *alleviate serious suffering.*
  - *save life.*

Decision Making

- Identify the foreseeable risks if you do it (act).
- Identify the foreseeable risks if you don’t (omission).

Choose the least adverse outcome for the patient

An unpalatable decision doesn’t equal a wrong decision.

Decision Making

- Cognitive disability does not mean the patient lacks capacity.
- Patient with capacity have the right to make unwise decisions.
- If we decide to hold the patient, the decision must be documented.
- Authorisation may be required.

Finally: The Practicalities

- No safer alternative – it must be a last resort.
- Reasonable, proportionate and least restrictive.
  - minimum amount of force.
  - minimum amount of time.
- Avoid inhumane or degrading treatment.
- Training assures competence.

Questions?

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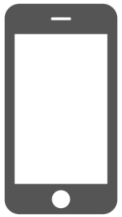

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