Policy Directive

Seclusion and Restraint in NSW Health Facilities

Document Number

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Functional Sub group

Summary   This document outlines the principles, values and procedures that underpin efforts to prevent, and where possible, eliminate the use of seclusion and restraint in NSW Health facilities. It promotes a human rights approach and the use of least restrictive practices.

Author Branch

Branch Contact

Applies to   Local Health Districts, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Hospitals

Audience   All staff including Clinical, Medical, Nursing, Allied Health, Security Officers, Emergency Departments, Ambulance

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SECLUSION AND RESTRAINT IN NSW HEALTH FACILITIES

PURPOSE

This Policy Directive outlines the principles, values and procedures that underpin efforts to prevent, and where possible, eliminate the use of seclusion and restraint in NSW Health facilities, where safe to do so.

NSW Health's commitment to preventing seclusion and restraint aims to improve safety for staff and people accessing public health services.

MANDATORY REQUIREMENTS

- Attachment 1 outlines the mandatory requirements and safeguards for the use of seclusion and restraint in NSW Health settings (section 3)

- Seclusion and restraint must only be used as a last resort. The principle of least restrictive practice is common across all settings. It means NSW Health staff will maximise a person's choices, rights and freedom as much as possible while balancing safety and healthcare needs

- NSW Health services must ensure that where seclusion and restraint are necessary to prevent harm, the organisation has systems that:

    a. Minimise and, where possible, eliminate the use of seclusion and restraint

    b. Govern the use of seclusion and restraint in accordance with legislation

    c. Report use of seclusion and restraint to the governing body.

IMPLEMENTATION

- This policy applies to all NSW Health staff working in all NSW public health facilities

- All local health districts (LHD) and specialty health networks (SHN) must have local procedures in place that are consistent with the principles and requirements identified in this policy by January 2020

- NSW Health districts and networks must develop and implement a service level action plan to prevent seclusion and restraint, in collaboration with staff, those accessing health services, family and carers.

Chief Executives must:

- Ensure that the principles, values and requirements of this policy are consistently applied across the organisation

- Recognise the use of seclusion and restraint as a safety issue and take action to support a workforce culture of quality improvement to reduce the practice.

Directors of Clinical Governance must:

- Ensure systems are in place for monitoring the use of seclusion and restraint including collection of accurate documentation, and incident notification and management to support quality improvement

- Ensure that district and network clinical governance processes include reviews of seclusion and restraint performance in all healthcare settings.

Managers must:

- Provide leadership to support the use of least restrictive practices while ensuring a safe and supportive work environment with appropriate staffing levels and skill mix to manage acuity

- Ensure audits of compliance with the policy are conducted at least once each year

All staff must:

- Read and implement the policy principles and requirements

- Collaborate with other staff, people who access services and carers to develop and implement quality improvement initiatives to reduce seclusion and restraint use.

REVISION HISTORY

Version	Approved by	Amendment notes

ATTACHMENTS

1. Seclusion and Restraint in NSW Health Facilities: Procedures

Seclusion and Restraint in NSW Health Facilities

CONTENTS

1 BACKGROUND

1.1 About this document

NSW Health is committed to minimising and, where possible, eliminating the use of seclusion and restraint.

The aim is to protect the safety of all: staff, people accessing services and visitors.

Current evidence indicates that reducing seclusion and restraint will minimise harm experienced by staff and people accessing services. This policy aligns with the National Safety and Quality Health Service Standards (2nd edition) requirements for minimising harm.

It articulates principles that apply to all NSW Health settings. It describes mandatory requirements and how these are tailored for specific healthcare contexts.

The principle of least restrictive practice is common across all settings. It means NSW Health staff will maximise a person's choices, rights and freedom as much as possible while balancing safety and healthcare needs. This requires leadership committed to:

- A just and learning culture
- A prevention approach to reducing seclusion and restraint
- Protection of human rights
- Respectful behaviours and interactions at all service levels
- Recognising and addressing potentially traumatising or triggering environments and behaviour.

1.2 Key definitions

NSW Health recognises that language has an impact on people and the use of inclusive and contemporary terms can minimise stigma.

This policy is informed by current practice and consultation with service providers and people accessing NSW Health services. Key definitions for seclusion and restraint align with the National Safety and Quality Health Service Standards (2nd Edition).

Given the scope of this policy, the words 'person', 'people' or 'individuals' have been used to refer to anyone accessing NSW Health services.

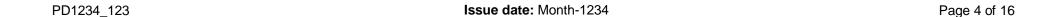| Word/Term	Definition	Additional notes
Acute severe behavioural disturbance (ASBD)	Behaviour that puts the person or others at immediate risk of serious harm. This may include threatening or aggressive behaviour, extreme distress and self-harm.	Examples of indicators of ASBD may include: aggression, hostility, physical and verbal intimidation, hitting, spitting, cutting, kicking, throwing objects, damaging equipment, using weapons or objects as weapons, and highly disinhibited behaviours, including sexual disinhibition. While behavioural concerns associated with issues such as trauma or dementia may be chronic in nature, the use of the word 'acute' signals the need to address the behavioural concern now.
Carer	For general purposes, carer is used to describe a person, family or other, who provides support to the person who is accessing NSW Health services.	Carer has a specific legal meaning and rights and privileges under different legislation. Consent and information provision to a 'carer' must be in line with the relevant legislation. Depending on legislation, different terms include: Representative; primary care-giver; primary carer; person responsible; designated carer; principal care provider.
Chemical Restraint	The use of a medication or chemical substance for the primary purpose of restricting a person's movement.	Chemical restraint does not include medication prescribed for the treatment of, or to enable treatment of, a diagnosed disorder, a physical illness or a physical condition. Chemical restraint is not an acceptable form of restraint in NSW Health.
Acute Sedation	Acute sedation is the use of medication to reduce agitation, irritability and ASBD for the purpose of assessment and treatment.	Acute sedation is not considered chemical restraint. NSW Health recognises that acute sedation may be experienced as coercive by people accessing services, carers and others. It is important that this practice is safely managed by expert clinical decision making around the level of sedation and by adherence to current clinical guidelines.
Least Restrictive Practices	Practices that maximise the autonomy, wellbeing and safe care of the person as much as possible while balancing safety and healthcare needs.	Environments should be safe, supportive and least restrictive. Staff must not withhold access to spaces or items unnecessarily.
Mechanical Restraint*	The application of devices to a person's body to restrict their movement. This is to	The use of a medical or surgical appliance for the proper treatment of physical disorder or injury is not considered mechanical restraint.

	prevent the person from harming themselves or endangering others, or to ensure that essential medical treatment can be provided.	Safety practices that are consistent with developmental norms such as the use of cots, prams or high chairs for infants and toddlers are not considered mechanical restraint.
		The use of furniture or other equipment solely for the purpose of restraining a person's freedom of movement is considered mechanical restraint.
		The use of furniture for other purposes, such as safety sides on a bed to reduce falls, would not be considered mechanical restraint but must be monitored and documented in the medical record.
		A resident in an aged care facility may specifically request to use a restrictive item, such as bed rails, to provide them with an enhanced feeling of safety or security. Where this is an informed decision, this individual's choice should be acknowledged, monitored and documented. An informed decision would require that other options have already been discussed with the resident.
Physical Restraint*	The application by staff of 'hands-on' immobilisation or the physical restriction of a person to prevent them from harming themselves or endangering others, or to ensure that essential medical treatment can be provided.	The definition includes the use of physical restraint while administering medical procedures (e.g. blood tests) and to facilitate some treatments (e.g. inserting nasogastric tubes, anaesthetics, intubation).
Restraint*	The restriction of an individual's freedom of movement. It includes mechanical restraint, physical restraint, and chemical or pharmacological restraint.	Aged care legislation defines restraint as any practice, device or action that interferes with a person's ability to make a decision or restricts an individual's freedom of movement.
Seclusion*	The confinement of a person, at any time of the day or night, alone in a room or area from which free exit is prevented.	The intended purpose and duration are not relevant in determining what is or is not seclusion.
		Seclusion applies even if the person agrees or requests the confinement.
		The person's awareness that they are confined alone and denied exit is not relevant.
		The structure and dimensions of the area to which the person is confined are not relevant. For example, if a person is confined alone and prevented from leaving a

		courtyard, safe assessment room, high dependency unit, their bedroom or other area, this meets the definition of seclusion.
		For residential aged care, seclusion is considered an 'extreme restraint' and must not be used.

*These National Safety and Quality Health Service Standards' definitions apply for policy requirements. Definitions may vary for legal purposes. Where there is variation, consent must be obtained consistent with legislative definitions and requirements.

1.3 Legal and legislative framework

A lawful restraint is one that is used to respond to an immediate risk of serious harm with no more force used than is reasonable in the circumstances and necessary to deal with the risk of harm to the person or others.

A public health facility owes a duty of care to any person they restrain and should take all reasonable steps to minimise harm.

Local health districts (LHDs) and specialty health networks (SHNs) must adhere to legal, privacy and consent requirements, particularly in relation to:

- Aged Care Act 1997
- Children and Young Persons (Care and Protection) Act 1998
- Carer Recognition Act 2010
- Drug and Alcohol Treatment Act 2007
- Guardianship Act 1987
- Health Records and Information Privacy Act 2002 No 71
- Mental Health Act 2007
- Mental Health (Forensic Provisions) Act 1990
- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- Quality of Care Principles 2014 (applies to Aged Care)
- Quality of Care Amendment (Minimising the Use of Restraint) Principles 2019
- Work Health and Safety Act 2011.

Staff should read this policy in conjunction with other NSW Health and Commonwealth policies, guidelines and reports (see Attachment 2).

1.3.1 Consent

All staff must understand relevant consent processes and legislative requirements for the use of seclusion and restraint.

NSW Health staff must seek informed consent of the person or a person authorised by legislation to make the decision to use seclusion or restraint, unless used in an emergency.

In an emergency, where seclusion or restraint is necessary to address an immediate threat to the life, health or safety of the person or others, consent is not required.

Differing requirements apply for some types of situations and people. For more information on consent, refer to the (forthcoming) NSW Health Consent Manual.

2 PRINCIPLES AND VALUES

NSW Health is committed to carrying out the principle of least restrictive practice in line with a human rights based approach and the PANEL principles of Participation, Accountability, Non-discriminatory, Empowerment, Legality. The principles of prevention and trauma informed care also apply to this policy.

Principle	Applying the principle
Prevention	NSW Health services use a multicomponent approach and structured quality improvement to reduce seclusion and restraint. Services strengthen a culture of mutual respect, quality and safety to support the prevention of seclusion and restraint.
Least restrictive	NSW Health services maximise a person's choices, rights and freedom as much as possible while balancing safety and healthcare needs.
Participation	NSW Health services take a person-centred approach and partner with people and their carers and families.
Accountability	NSW Health services have governance arrangements to authorise and review the use of seclusion and restraint.
Non-discriminatory	NSW Health services respect the rights and dignity of all people. Services pay attention to the needs of particular groups. This includes Aboriginal people, people with disability, older people, refugees, lesbian, gay, bisexual, transgender and intersex people, culturally and linguistically diverse groups.
Empowerment	NSW Health services work in partnership with people and their carers and families. Collaboration happens at an individual and service level. Services promote hope and build trust.
Legality	NSW Health services comply with relevant legislation, understand the human rights implications of restrictive practices and continually consider the principles of fairness, respect, equality, dignity and autonomy.
Trauma informed	NSW Health services understand and respond to the prevalence and impacts of trauma, ensuring that care does not traumatise or re-traumatise the person. Services provide care that is person-centred and recovery-oriented and upholds human rights. Services recognise that seclusion and restraint can be very traumatic for many people and may increase distress and trigger memories from past trauma. Trauma informed care is applied in all health settings. Services recognise and address provocative and triggering practices and behaviour. NSW Health services also recognise and respond effectively to the risk of trauma for staff.

NSW Health services recognise that many Aboriginal people have experienced significant intergenerational and other trauma. They take this into account when designing and providing care.

Services consider cultural obligations (e.g. Aboriginal community roles) and personal backgrounds of staff when allocating roles during a seclusion or restraint episode. |

Application of these principles is supported by NSW Health's CORE values of Collaboration, Openness, Respect and Empowerment.

3 Key requirements

3.1 Prevention

NSW Health organisations must develop and implement a service level action plan to prevent seclusion and restraint in collaboration with staff, people accessing services and carers. In addition, they must have local protocols and procedures outlining prevention strategies to reduce, and where possible, eliminate the use of seclusion and restraint. This includes fostering a calm and supportive therapeutic environment, and a culture of respect between staff and people accessing services, their families and carers. Trauma informed care principles should guide the prevention of seclusion and restraint.

Early detection and response to distress or deterioration can prevent the use of seclusion and restraint. NSW Health organisations must ensure staff have appropriate access to training to prevent and respond to potential and actual aggression and violence in line with [PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations.](#)

NSW Health organisations must make data about the use of seclusion and restraint available to staff, people accessing services and carers to support safety and quality improvement.

NSW Health organisations must recognise that while the use of seclusion and restraint may on rare occasions be necessary to keep people safe, it can also be traumatic and harmful for staff, people accessing services and carers and must be minimised. Particular attention must be given to:

- Aboriginal people
- people with disability
- people with identified trauma
- individual staff at risk of vicarious trauma.

NSW Health staff must consider the following known factors that may cause an elevated risk of harm if seclusion or restraint is used:

- physical characteristics or health problems
- sensory processing issues
- developmental issues
- psychological characteristics or past trauma.

3.2 Least restrictive

NSW Health staff must only use seclusion and restraint:

- as a last resort to prevent serious harm or to allow administration of essential medical treatment
- after less restrictive alternatives have been trialled or considered
- proportionate to the risk of harm
- for the minimum duration necessary.

In considering alternatives, NSW Health staff should assess and act on the need to withdraw to a safe place and call for assistance if faced with unsafe situations. Health staff must not place themselves at unnecessary risk in carrying out their duties.

NSW Health staff must respect a person's privacy and dignity, paying attention to when restraint is used in public areas and shared rooms.

3.3   Use of seclusion and restraint

- Staff must trial or consider least restrictive alternatives prior to the use of seclusion and restraint.

- The decision to use seclusion or restraint should be made using all available information. NSW Health staff must seek informed consent of the person or a person authorised by legislation to make the decision to use seclusion and restraint, unless used in an emergency.

- If seclusion and restraint is initiated, NSW Health staff must cease the use as soon as the reason for the intervention has ended.

- A medical practitioner, paramedic or a senior registered nurse, who is independent of the initiating staff member, must review a person being secluded or restrained as soon as possible, but not more than one hour after the practice was initiated. The outcome of the review will be to cease the practice or authorise its continuation. The review must be documented in the Medical Record.

- NSW Health requires high levels of clinical care, monitoring and reporting when seclusion and restraint are used. Any deterioration in a person's physical condition or mental state must be managed promptly.

- NSW Health clinical staff must continuously observe a person being restrained or secluded for the first hour. Observations must include monitoring of vital signs. After the first hour, NSW Health staff must clinically observe a person in seclusion or restraint at least every 15 minutes.

- NSW Health requires reviews to be carried out by staff with seniority and skills in risk management and trauma informed care.

- To ensure a robust review, a NSW Health senior staff member who is independent of the initiating staff must review a person being secluded or restrained as frequently as possible, but not less than every four hours. An additional review must take place at each shift handover. Each review must assess whether seclusion or restraint should be discontinued.

- NSW Health staff 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.

- NSW Health security staff may provide supplementary safety support but this must be at the direction of clinical staff. Clinical staff must lead and work alongside the security staff.

3.4   Governance of seclusion and restraint

- NSW Health staff must adhere to the legal framework authorising the use of seclusion and restraint.

- NSW Health organisations must ensure that there are clinical governance processes for review of all instances of seclusion and restraint within the healthcare setting.

- NSW Health staff must notify a senior manager if seclusion is used.

- NSW Health staff must record all incidents that result in the use of seclusion or restraint in the Incident Information Management System (IIMS).

- Where mechanical restraint devices are used, NSW Health organisations' governance committees must review and approve their use. Specific policies, procedures and infection control advice must guide their use. These organisations must provide staff with specific training in the use of mechanical restraint devices.

3.5 Monitoring the use of seclusion and restraint

NSW Health staff must document all episodes of seclusion and restraint in the Medical Record in proportionate detail to enable a review of practice.

Records should include:

- IIMS incident number where applicable

- Antecedents

- Alternative least restrictive interventions trialled or considered

- Reason for seclusion or restraint

- Staff who initiated the use of seclusion or restraint

- Authorisation

- Location of seclusion or restraint episode

- Medication offered or administered

- Reviews by senior staff

- Frequency of observations

- Any physical injury

- Notification of carer or family

- Clinical examinations undertaken

- Food and fluid intake

- Start and finish time of seclusion and/or restraint

- Debriefing

- Review of care plan.

NSW Health organisations must collect data and report on episodes of seclusion and restraint in accordance with this policy, legislative requirements and the National Safety and Quality Health Service Standards.

3.6 Notification

NSW Health staff must notify the following persons (as applicable) about the use of seclusion and restraint and the reasons for using it as soon as practicable:

- A carer

- A guardian

- A parent if the person is under the age of 16 years

- Other, as appropriate.

NSW Health organisations must have protocols for debriefing after the use of seclusion or restraint. Where possible, NSW Health staff must invite the person who was secluded or restrained, their carers and family (as applicable) to participate in a debriefing session. Debriefing aims to understand triggers, maximise learning and minimise any potential traumatising effects of seclusion and restraint. A just and learning approach to debriefing provides an opportunity to identify systemic practices that provoke or trigger incidents.

3.7 Prohibited practice

NSW Health staff must not:

- use seclusion and restraint as a form of discipline or punishment
- seclude a person who is also being mechanically restrained
- use metal handcuffs or hard manacles as a form of mechanical restraint
- place direct pressure on the neck, thorax, back or pelvic area during restraint
- use vest restraints for older people.

3.8 Safety concerns

- Placing people in the prone position entails a significant risk of harm. NSW Health staff should avoid prone restraint. Safety Notice 003/16 must be followed if prone restraint is used.
- NSW Health staff must appropriately monitor a person's vital signs where acute sedation has been used.
- NSW Health staff must avoid bending the person's head or trunk towards the knees.
- NSW Health staff must provide 1:1 clinical care for any person in mechanical restraint device involving the restriction of any limb.

3.9 Additional requirements for specific settings

Ambulance	A paramedic must be with the restrained person at all times until handover is complete.
	Staff must record all physical/mechanical restraints in the person's health care record and complete a Mental Health Act 2007 Section 20 form each time restraint is used.
Declared emergency departments and mental health units	In mental health units, each seclusion and restraint episode must also be recorded in a Register to allow for reporting. This requirement also applies to seclusion and restraint of mental health consumers in declared emergency departments. The Register must include:
	- A separate entry for each episode of seclusion or restraint - IIMS incident number where applicable - Details of the person being secluded or restrained - Date of seclusion and restraint episode - Type of seclusion and restraint episode - Time started - Time ended. NSW Health organisations must provide Official Visitors access to monthly summary information and seclusion and restraint Registers. NSW Health organisations must submit seclusion and restraint data from all mental health units and declared emergency departments to the NSW Ministry of Health.
Residential aged care	An approved health practitioner who has day-to-day knowledge of the resident (for physical restraint), or a medical or nurse practitioner who has prescribed a medication (for chemical restraint) must: - assess the resident as posing a risk of harm to themselves or any other person, and requires the restraint (physical or mechanical) - document the assessment, unless the use of restraint is needed in an emergency then document the assessment as soon as possible after using the restraint - document the alternatives that were considered and used, unless emergency restraint was necessary - use the least restrictive form of restraint possible - have informed consent of the person or their representative, unless restraint is needed in an emergency. If restraint is used without consent, inform the person's representative as soon as possible after the health practitioner starts to use the restraint.

	NSW Health staff must not use the following in residential aged care:
	• seclusion
	• posey crisscross vest
	• leg or ankle restraint
	• manacles/shackles (hard)
	• soft wrist/hand restraints.
	All residential aged care facilities funded by the Australian government must collect and provide clinical quality indicator data to the Department of Health. This includes NSW State Government Residential Aged Care Facilities (SGRACFs). These services must measure, monitor and report on mandatory clinical quality indicators including use of physical restraint and medication management.
	Official Community Visitors must have access to the seclusion and restraint Register and monthly summary of seclusion and restraint data from all visitable services.
Transportation and transfer of care	NSW Health staff must adhere to legal and policy requirements if using restraint during transportation.
	If a person is transferred while in restraint, the receiving medical practitioner, paramedic or senior registered nurse must use all available information to assess the need to continue or cease restraint. NSW Health staff should review the use of restraint as soon as possible, unless the person remains under the custody of an accompanying officer from Police, Juvenile Justice, Corrective or Border Protection Services.

4   LIST OF ATTACHMENTS

1. Implementation checklist
2. NSW Health and Commonwealth policies, guidelines and reports

Attachment 1: Implementation checklist

LHD/Facility:				
Assessed by:		**Date of Assessment:**		
IMPLEMENTATION REQUIREMENTS	**Not commenced**	**Partial compliance**	**Full compliance**	
1. Develop local implementation plan in collaboration with staff, individuals who access health care services and families/ carers.	❑	❑	❑	
	Notes:			
2. Develop local policies, procedures and education programs to support implementation of the policy; includes any plans for specific areas (e.g. ED, ICU).	❑	❑	❑	
	Notes:			
3. Detail ways in which the principles and values of the policy will be implemented.	❑	❑	❑	
	Notes:			
4. Promote the policy to all staff (paid and unpaid, contractors, etc.).	❑	❑	❑	
	Notes:			
5. Establish monitoring and reporting processes.	❑	❑	❑	
	Notes:			
6. Conduct annual (minimum) audits of compliance with policy.	❑	❑	❑	
	Notes:			

Attachment 2: NSW Health and Commonwealth policies, guidelines and reports

NSW Health Policy documents

- PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating
- PD2015_001 Preventing and Managing Violence in the NSW Health Workplace-A Zero Tolerance Approach
- PD2015_004 Principles for Safe Management of Disturbed and/or Aggressive Behaviour and the Use of Restraint
- PD2017_001 Responding to Needs of People with Disability during Hospitalisation
- PD2017_024 Mandatory Reporting Protocol for SGRACF and Residential TACP Services
- PD2017_025 Engagement and Observation in Mental Health Inpatient Units
- PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations
- PD2018_027 Identifying and Responding to Abuse of Older People

Other NSW Health documents that support good practice

- Advance care planning in New South Wales
- Carers (Recognition) Act 2010 No 20
- Charter for Mental Health Care in NSW
- Disability Inclusion Act 2014 No 41
- GL2012_005 Aggression, Seclusion & Restraint in Mental Health Facilities – Guideline Focused upon Older People

  GL2014_010 NSW Acute to Aged Related Care Services Practice Guidelines
- GL2015_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services
- GL2015_007 Management of Patients with Acute Severe Behavioural Disturbance in Emergency Departments
- GL2016_016 NSW SMHSOP Acute Inpatient Unit Model of Care Guideline
- GL2017_003 Specialist Mental Health services for Older People (SMHSOP) Community Model of Care Guidelines
- GL2017_022 NSW Older People's Mental Health Services SERVICE PLAN 2017-2027
- Making an Advance Care Directive
- Mental Health for Emergency Departments: A Reference Guide (NSW Health, 2015) (commonly referred to as 'the Red Book')
- NSW Health - NSW Police Force Memorandum of Understanding 2018: Incorporating provisions of the Mental Health Act 2007 (NSW) No 8 and the Mental Health (Forensic Provisions) Act 1990 (NSW)
- Protecting People and Property-NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies - in particular:
  - Chapter 14 Role of Security Staff in NSW Health
  - Chapter 29 Code Black Arrangements.

- Safe Assessment Room Guidelines[1]
- Safety Notice 003/16 Use of Prone Restraint and Parenteral Medication in Healthcare Settings

Commonwealth guidelines/documents that support good practice

- Australian Commission on Safety and Quality in Health Care's Recognising Signs of Deterioration in a Person's Mental State and Delirium Clinical Care Standards
- Australian Human Rights Commission-Human Rights Explained fact sheets
- Australian Mental Health Statement of Rights and Responsibilities 2012
- Australian National Mental Health Commission Seclusion and Restraint Project
- Decision-Making Tool: Supporting a Restraint Free Environment in Residential Aged Care
- Guidance and Resources for providers to Support Aged Care Quality Standards
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services
- National Safety and Quality Health Service (NSQHS) Standards Guide for Multi-Purpose Services and Small Hospitals
- National Safety and Quality Health Service (NSQHS) Standards User Guide for Health Services Providing Care for People with Mental Health Issues
- Safe Work Australia Review of the model WHS laws: Final report 2018
- Safe Work Australia Work related psychological health and safety: A systematic approach to meeting your duties
- Single Charter of Aged Care Rights

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[1] Not yet published