



Restrictive Practices Policies & Procedures

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RESTRICTIVE PRACTICES

Scope

When

- Applies to supports and services provided to clients with a positive behaviour support plan that include the use of a regulated restrictive practice
- Applies when a prohibited practice or unauthorised regulated practice is used

Who

- Applies to all representatives including key management personnel, directors, full time employees, part time employees, casual employees, contractors and volunteers

Purpose

123 Support Services adheres to the requirements of the NDIS Quality and Safeguards Commission in regard to restrictive practices. 123 Support Services staff are never to use restrictive practices without permission from the Service Manager or their delegate, unless for an emergency as outlined in this policy. Non-adherence to this directive will result in serious disciplinary action that could include dismissal.

The client can complain if they are not happy with the use of a restrictive practice. They can complain to someone they live with, support staff, family or express their concerns to an advocacy service.

What are restrictive practices?

This policy is about regulated restrictive practices. A restrictive practice is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

Some restrictions of rights or movement are not seen as restrictive interventions if the action is taken for:

- Therapeutic purposes
- Safe transportation of a person
- Where the person is subject to other laws such as Guardianship, Administration or Mental Health orders

Under these circumstances the Senior Practitioner still needs to be contacted about these types of restrictions. The National Disability Insurance Scheme Act 2013 (Qld) describes two types of restrictive practices:

- Environmental restriction – where an object or the persons environment is modified for the purposes of behaviour control
- Personal restriction – where there is physical contact with a person or any action that restricts their freedom of movement

This might include:

Rights

The withdrawal of rights is a restrictive practice. Rights can only be withdrawn by law through the Criminal Justice System, the Guardianship and Administration Board or Mental Health Tribunal. Rights can also be withdrawn by using an environmental restriction for example; restricting the amount of TV a person is allowed to watch. The withdrawal of rights will be clearly embodied in the protocols provided to the support team. Changes can only be made by discussion at support team meeting so that the Service Coordinator can, if necessary, arrange for a review through the issuing body.

Some more examples of restrictive practices are included in the table below:

All types of restrictive practices

Type	Description
Prohibited practices	Any practice or action that may be experienced by a person as noxious, unpleasant, or painful. Types of practices that are prohibited include aversive restraints, consequent driven practices, exclusion and psychological restraints
Chemical restraint	The use of medication or chemical substance for the primary purpose of influencing a person's behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for treating a diagnosed mental illness or physical condition
Environmental restraints	Any restriction to a person's free access to all parts of their environment. For example: <ul style="list-style-type: none">• Locking cupboards or refrigerators• Restricted access to valued items or activities as methods to control behaviour• Increasing supervision as a means of controlling behaviour or managing risk• Lack of access to all aspects of a person's environment• Taking away things people like• Stopping the person from going to places they enjoy
Mechanical restraint	The use of a device to prevent, restrict or subdue a person's movement for the primary purpose of influencing their behaviour. It does not include the use of devices for therapeutic or non-behavioural purposes which have been approved by a health professional or occupational therapist. For example, it may include the use of a device to assist a person with functional activities as part of occupational therapy, or to allow for safe transportation. However, the person with a disability still needs to consent to the use of the device and the Senior Practitioner still needs to be informed

Physical restraint	The sustained or prolonged use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing a person's behaviour
Seclusion	Sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented, impeded or not facilitated

Regulated restrictive practices

Of the types of restrictive practices, only regulated restrictive practices are allowed and then only with strict controls in place. Regulated restrictive practices include:

- Seclusion
- Chemical restraint
- Mechanical restraint
- Physical restraint
- Environmental restraint

Any form of restrictive practice other than regulated restrictive practices are considered prohibited practices.

Prohibited practices

Prohibited practices include but are not limited to:

- Any form of corporal punishment (for example, smacking or hitting)
- Any punishment intended to humiliate or frighten a person
- Any punishment that involves immobilising a person with chemical or physical restraint including supine and prone restraint holds
- Force feeding or depriving a person of food
- Use of medication to control or restrain a person without a behaviour support plan, proper medical authorisation or legal consent
- Use of punishing techniques, such as putting a person in a hot or cold bath, putting spice in their food, or squirting liquid on their face or body
- Overcorrection, where the punishment is out of proportion to the behaviour (for example, making a person clean an entire room because they tipped their meal on the floor)
- Confinement or containment of a child or young person (anyone under 18 years of age) such as forcing them to remain in a locked room or other place they can't leave
- Punishment that involves threats to withhold family contact or change any part of a person's individual lifestyle plan
- Denying access to basic needs or supports
- Unethical practices, such as rewarding a person with cigarettes or alcohol
- Any other act or failure to act that is an offence under federal, state or territory laws

Code of practice

123 Support Services adheres to the following code of practice to reduce restrictive interventions:

- People with a disability have the same rights as all people
- 123 Support Services includes clients in decisions and choices about the services provided to them
- 123 Support Services supports the reduction and elimination of the use of restrictive practices
- 123 Support Services will be respectful of the culture of the person with a disability and provide support based on the individual needs
- 123 Support Services will only use restrictive practices:
 - As a last resort, and with proof all other ways of evidence-based, person-centred and proactive strategies have been tried first
 - If the behaviour might harm the person or others
 - For the shortest time possible
 - In the least restrictive way possible
 - That are proportionate and justified
 - If the client or clients' guardian has given consent
 - If the appropriate authorisation by state or territory bodies has been granted
 - If 123 Support Services have first understood why the client has complex behaviour and how the restrictive practice will affect the rights of the client
 - If the practice is written in a NDIS lodged positive behaviour support plan developed by a positive behaviour practitioner or specialist in consultation with the client, the clients' family, support network and/or advocate
- 123 Support Services will be transparent and accountable for the use of restrictive practices through accurate record keeping and reporting
- Clients are free to talk to anyone they choose about their choices and decisions
- 123 Support Services with the client and/or family's permission, will include all of the important people in a clients' life in choices and decision making
- 123 Support Services will regularly review records to assess the success, need and application of restrictive practices

In order to meet this code of practice, 123 Support Services will:

- Find ways to provide support that is safe and respectful
- Provide staff with training so they know how to support people without using restrictive interventions
- Include clients in making decisions about what they like, what helps them and how they like to be treated

Reduction and elimination

123 Support Services are committed to the reduction and elimination of restrictive practices and to uphold the human rights of people with disability in line with the UN Convention on the Rights of Persons with Disabilities, NDIS Safeguarding Framework and the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector. 123 Support Services are committed to achieve this by following the core strategies detailed below.

Core Strategy	Description
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Person-centred focus	Including the perspectives and experiences of people with disability and their families, carers, guardians and advocates during restrictive practice incident debriefing, individualised positive behaviour support planning, staff education and training, and policy and practice development
Leadership towards organisational change	Making a goal of reducing use of restrictive practices a high priority, and providing support to staff to achieve it
Use of data to inform practice	Mechanisms such as periodic review of positive behaviour support plans containing a restrictive practice, provider reporting on use of restrictive practices, reporting client assessments and individual/positive behaviour support plans should be used to assess whether restrictive practices are still needed, and consider possible alternatives. Data is also important to determine what factors are effective in reducing or eliminating the use of restrictive practices as well as highlighting areas for workforce training and development
Workforce development	Key needs include understanding positive behaviour support and functional behaviour assessment, and skills for trauma informed practice, risk assessment, de-escalation, and alternatives to restrictive practices
Use within disability services of restraint and seclusion reduction tools	Use of evidence-based assessment tools, emergency management plans and other strategies integrated into each individual's positive behaviour support plan. Changes to the therapeutic environment. Meaningful activities aimed at lifestyle improvement and increased engagement
Debriefing and practice review	Regular reviews of the use of restrictive practices to identify areas for practice and systemic improvement. If an unanticipated or emergency use of a restrictive practice occurs an immediate debriefing should occur to ensure that everyone is safe, that satisfactory information is available to inform later structured debriefing and the client is safe and being appropriately monitored

Client assessment

123 Support Services will assist in identifying clients with complex behaviour support needs and refer them to a NDIS approved positive behaviour support practitioner for assessment. A positive behaviour support practitioner, in consultation with the client, clients' family, support network and/or advocate and the organisation, will be responsible for establishing a positive behaviour support plan which may include restrictive practices. The use of restrictive practices in a clients' positive behaviour support plan will have clear protocols for implementation and use. These practices will be reviewed at least every 12 months with the intent to reduce or eliminate the requirement of restrictive practices.

Authorising restrictive practice

Commonwealth, state, and territory legislative and policy frameworks provide guidelines around the use of restrictive practices, including that the intervention is the least restrictive response available, is used only as a last

resort, that the risk is posed by the proposed intervention is in proportion to the risk of harm posed by the behaviour of concern and with the intent to reduce and eliminate the use of the restrictive practice.

The use of a restrictive practice will only be approved as part of a positive behaviour support plan. Clients or the clients' guardian, person responsible or substitute decision maker must consent to the proposed restrictive practices included in the positive behaviour support plan. It is also required have the relevant state or territory approval to implement and use restrictive practices. The relevant approving authorities are detailed below

Seclusion	Submission to Qld Senior Practitioner then approval by Guardianship and Administration Board (GAB)
Chemical restraint	Authorisation not required. Governed by Mental Health Act 2013 (Qld)
Mechanical restraint	Submission to Tas Senior Practitioner then approval by GAB
Physical restraint	Submission to Tas Senior Practitioner then approval by GAB
Environmental restraint	<ul style="list-style-type: none">• <90 Days: Secretary of the Department of Health and Human Services• Submission to Tas Senior Practitioner then approval by GAB

Factors that the Senior Practitioner needs to consider when recommending approval to the Secretary include:

- Proof that everything else has been tried first
- Is the proposed action the least restrictive?
- Is the action in the best interests of the person?
- What impact will the proposed action have on the person and others (e.g. housemates)?
- What are the risks, if any, to the person of the proposed action?
- Will the action promote the health, safety and well-being of the person

Once restrictive practice has been approved by the Secretary, 123 Support Services Management will give employees permission to use the practice. 123 Support Services will keep approved restrictive practices under constant review to find ways of reducing and lifting the practices.

Record keeping

123 Support Services will keep record of the following:

- Restrictive practices that are ongoing (e.g. chemical restraint with a daily fixed dose)
- Restrictive practices that are 'unscheduled' (e.g. physical restraint, seclusion, chemical restraint prescribed on an 'as needed' basis, also known as PRN medication)
- Occasions when the use of an unauthorised restrictive practice is defined as a serious incident – also reported as a serious incident

The detail of the report on the use of regulated restrictive practices includes:

- A description which includes:

- The impact on to the client or others
- Any injury to the clients or others
- Whether the use was a reportable incident
- Why it was used
- A description of the behaviour of the client that led to its use
- The time, date and place at which its use started and ended
- The names and contact details of the persons involved in its use
- The names and contact details of any witnesses to its use
- The actions taken in response to its use
- What other less restrictive options were considered or used before⁸
- The actions taken leading up to its use, including any strategies used to prevent the need for the use of the practice

All records must be kept for at least 7 years from the date of the document.

Reporting authorised restrictive practices to the NDIS

If 123 Support Services support clients with positive behaviour support plans that include the routine use of a regulated restrictive practice, 123 Support Services will report on the use of those practices each month to the NDIS Commission. This report will include:

- Type of restrictive practice used
- A brief description of the practice
- Details of medication (if required)
- Related behaviour concern

If 123 Support Services support clients with positive behaviour support plans that include as needed use (PRN) of a regulated restrictive practice, 123 Support Services will report on the use of those practices each month to the NDIS Commission. This report will include:

- Type of restrictive practice used
- A brief description of the practice
- Details of medication (if required)
- Related behaviour concern
- Date used
- Time commenced
- Time ceased
- Our incident report reference

If 123 Support Services support clients with positive behaviour support plans that include the use of a regulated restrictive practice, but the practice was not used during the reporting month 123 Support Services will submit a NIL report to the NDIS Commission.

If 123 Support Services are supporting clients with short term approval from a state or territory on the use of a regulated restrictive practice, 123 Support Services will provide a report to the Commissioner every 2 week on the use of those regulated restrictive practice while the approval is in force.

Reporting restrictive practices to state or territory-based authorities

In addition to record keeping and the reporting to the NDIS Commission the Australian Capital Territory, Northern Territory, Queensland, Tasmania and Western Australia require the use of regulated restrictive practices to be reported to their relevant agencies, departments or offices within the specific time frames as outlined below.

Emergency situations

Sometimes restrictive practices might be necessary in an emergency. An emergency means trying to save a person's life, trying to stop a person from being injured or trying to stop other people being injured. The use of restrictive practice is only acceptable where it is required to meet the provision of 'duty of care' and must still be the least intrusive type of restrictive practice possible. When an emergency occurs 123 Support Services must:

- Contact the Senior Practitioner as soon as practicable (one working day) by filling in an Unauthorised Use of RI form and sending it to – seniorpractitionerdisability@dpac.tas.gov.au
- Immediately think about other ways to avoid such emergencies and help the client if the emergency situation happens again

123 Support Services must make sure that restrictive practices do not happen because staff do not have enough training or help to work out other ways to help that are safe and respectful.

Unauthorised use of restrictive practices

Unauthorised use of restrictive practices is any instance of use:

- Without a positive behaviour support plan and not compliant with state or territory legislation (during transitional stages of the NDIS)
- Without the proper authorisation
- Without knowing that something is a restrictive practice
- For too long and without regular review
- For reasons other than keeping people safe
- To control a person or to make a person act a certain way
- As a form of abuse and neglect
- Due to lack of training, knowledge or reflection about less restrictive alternatives

If 123 Support Services have instigated any form of unauthorised restrictive practices described above, 123 Support Services must:

- Report the incident to the NDIS Quality and Safeguards Commission within five business days or 24 hours if the incident harmed the client
- Report the incident to any state or territory as required

If the regulated restrictive practice will be ongoing then 123 Support Services will:

- Obtain authorisation (however described) for the ongoing use of the regulated restrictive practice from the relevant state or territory as soon as reasonably practicable

- Lodge evidence of that authorisation with the NDIS Commissioner as soon as reasonably practicable after it is received
- Arrange the development of an interim behaviour support plan for the client by a specialist behaviour support provider that covers the use of the practice within one month after its first use
- Arrange the development of a comprehensive behaviour support plan for the client by a specialist behaviour support provider that covers the use of the practice within 6 months after its first use

Using other ways to help clients

Employees using approved restrictive practices need to show that they are still trying to help the client in other ways. This includes:

- Finding out why the person behaves as they do
- Find ways to change what happens to and around the client so that they do not need to behave in challenging ways
- Improving the clients' quality of life and access to supports to meet their needs

Authorised restrictive practices register

A register of authorised restrictive practices is kept with review alert dates. This register holds:

- Client
- Description of restrictive practice
- Location where restrictive practice is implemented
- Date of authorised approval
- Date of review

Steps for reporting and dealing with restrictive interventions

If you think you are seeing a restrictive practice

1. Have you read and understood 123 Support Services' policy on restrictive interventions? Do you need to discuss this with someone to make sure your understanding is correct?
2. If you think you are seeing a restrictive practice, check with the Service Coordinator to see if it is authorised and has a protocol to follow
3. If it is authorised, follow the protocols
4. If it is not authorised, the Service Coordinator will investigate the situation

If you are seeing a situation where you think a restrictive practice is needed

1. Discuss the situation with the Service Coordinator
2. The Service Coordinator will explain why one is not needed or ways of working that won't require one
3. If one is needed, the Service Coordinator will consult with the Operations Manager and Incident Manager who manage Restrictive Interventions. An application for permission will be submitted; protocols will be developed and an introduction for the support team planned.

Breach of policy

A breach of this policy may place the organisation in breach of NDIS Guidelines which could result in:

- An investigation into the organisation by the NDIS
- The organisation being deregistered from the NDIS
- Civil penalties
- Criminal convictions and fines

An employee found in breach of this policy will face disciplinary action up to termination of employment.

Further Advice or Assistance

Further advice and information can be obtained from the:

» 123 Support Services' Complaints Handling Officer:

- by phoning: 07 4361 6848;
- by emailing: admin@123supports.com

Effectiveness and Review

The Director will review this Policy and Procedures document each 12 months on the anniversary of its approval.