

PROCEDURE Use of Restrictive Practices

1. PURPOSE

The purpose of this procedure is to ensure that no restrictive practices are used in the provision of client services except in accordance with this procedure.

This procedure supports the adherence to providing services within the Positive Behaviour Framework, whereby employees are required to focus on preventing or minimising the emergence of behaviour of concern by eliminating restrictive practices and supporting clients to enhance their quality of life.

This procedure is in accordance with the National Standards for Disability Services and the Department of Communities Disability Services' Code of Practice for the Elimination of Restrictive Practice which emphasises the importance of

- Dignity and respect
- Freedom of expression
- Self-determination
- Choice and control
- Confidentiality and privacy
- Freedom from discrimination, exploitation, abuse, harm, neglect and violence

Restrictive practice is a breach of human rights and should be eliminated wherever possible.

The use of unauthorised restrictive practices can result in disciplinary action, dismissal or legal charges of deprivation of liberty.

2. SCOPE

This procedure relates to all employees, volunteers and alternative family carers of Senses Australia.

3. DEFINITIONS

The definitions for the terms 'restrictive practice', 'chemical restraint', 'mechanical restraint', 'physical restraint' and 'seclusion' are taken from the 'National Framework for Reducing and Eliminating the Use of Restrictive Practices' (2014).

NOTE: The following defined restrictive practices are unacceptable unless it is authorised in a very extreme and isolated circumstance, for short periods and under strict external supervision and guidance in accordance with this procedure.

Restrictive practice

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.

Chemical restraint

A 'chemical restraint' means 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 the treatment of, or to enable treatment, of a diagnosed mental disorder, a physical illness or physical condition.

Environmental restraint

An 'environmental restraint' restricts a person's free access to all parts of their environment. Examples of environmental restraints include but are not limited to:

- Barriers that prevent access to a kitchen, locked refrigerators and restriction of access to personal items such as a TV in a person's bedroom
- Locks that are designed and placed so a person has difficulty in accessing or operating them
- Restrictions to the person's capacity to engage in social activities by not providing the necessary supports they require to do so.

Mechanical restraint

A 'mechanical restraint' means the use of a device (may include any mechanical material, appliance or equipment) to prevent, restrict or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes. For example, purposes 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.

Physical restraint

A 'physical restraint' means 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.

Psycho-social restraint

'Psycho-social restraint' is the use of 'power-control' strategies. Examples of psycho-social restraints include but are not limited to:

- Requiring a person to stay in one area of the house until told they can leave
- Directing a person to stay in an unlocked room, corner of an area, or stay in a specific space until requested to leave (also known as 'exclusionary time-out')
- Directing a person to remain in a particular physical position (such as laying down) until told to discontinue
- 'Over-correction' responses (such as requiring a person who has spilled coffee to clean up not only the spilled coffee but the entire kitchen)
- Ignoring

- Withdrawing 'privileges' or otherwise punishing, as a consequence of non-cooperation.

PRN medication

PRN medication is medication that is taken only as needed.

Seclusion

'Seclusion' means the 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, implied, or not facilitated.

Levels of restrictive practice (see SUPPORT MATERIAL Classification Levels for Restrictive Practices)

Level 1 - Regional area supervisor, coordinator or therapist approved

Level 2 - Restrictive practice required to be brought to Positive Behaviour Panel

Level 3 - Banned practices

4. PROCEDURAL DETAILS

4.1 Considerations in defining restrictive practices

Therapeutic device (Level 1)

A 'therapeutic device' is primarily used to improve function (motor and bodily) and to prevent or reduce the risk of body shape distortion and their/its subsequent secondary complications.

Therapeutic devices employ a variety of methods used for the purpose of restricting the movement of the client due to high or low tone and/or postural deformity and in some instances, behavioural movements. They may also be used for short periods of time to allow for wound healing/tissue repair. The use of a therapeutic device aims to minimise the person's risk of developing physical deformity/injury that leads to the development of pressure on the soft tissues, to the development of pain or a reduction in functional capabilities.

Examples of therapeutic devices include but are not limited to:

- postural supports such as inserts
- splints to minimise contractures
- shoulder, chest and pelvic straps for optimal postural support
- helmets
- seatbelt modifications for safe transport and
- night-time positioning equipment.

Use of a therapeutic device

The use of any device (e.g. arm splints) for the management of behaviour is a restrictive practice. The use of a **therapeutic device** does not constitute a restrictive practice when it is clinically prescribed for the purpose of:

- Improving the quality of life of a person with disability, by preventing or minimising body shape distortions and the directly-related secondary complications that result in pain, discomfort and poor health, and/or
- Assisting a client to participate in a desired task or activity by minimising factors that impede them and enabling their engagement in an activity which would not otherwise be possible, and/or
- Providing **treatment** where, if there were no restriction of the client, an adverse health outcome would occur.

A device may be used for these purposes if its use:

- Is clinically prescribed by an appropriately qualified **health professional**
- Is formally and regularly reviewed
- The client has given informed consent or where they are assessed as not having the capacity to consent, a person with the relevant authority is involved, or a guardian has been appointed, and he/she has consented to the withdrawal of the existing practice.

The prescribed device must be:

- The **minimal intervention** to achieve the desired result
- Based on evidence from current best practice.

Use of medication

The use of psychotropic and other drugs to reduce symptoms and behaviours associated with conditions such as anxiety, depression and other mood disorders or a psychosis, does not constitute a restrictive practice when:

- The medication is prescribed for a client who has a psychiatric condition diagnosed by a qualified psychiatrist and is reviewed at least annually or
- The medication is prescribed by a general practitioner who is treating the client as part of a Medicare-approved mental health plan and the medication is reviewed at least annually.

When an employee is responsible for attending a mental health medical appointment with a client the employee must be someone who knows the client well.

When medication is prescribed at the appointment, the employee must request a written statement from the doctor to confirm the reason for the prescription, and the statement must be placed on the client's medical records held by Senses Australia.

When a **PRN medication** is prescribed, each occasion it is given to the client must be authorised by the most senior employee on duty, who must enter full details of the dose, time and circumstances leading to the decision to use it onto a PRN medication register.

4.2 Authorised use of a restrictive practice (Level 2)

When an employee believes a restrictive practice is required for a client they may not apply one without authorisation and they must:

- Ensure that they have followed the client's individual plan; or if applicable the client's positive behaviour support plan
- Document the client's behaviours that have indicated that a restrictive practice is required
- Report their concerns to their supervisor or manager as soon as possible and immediately if there is immediate risk to the client, to themselves or to other clients.

When the supervisor or manager in the absence of a supervisor, is advised that a client requires the use of a restrictive practice, they must:

- Immediately complete the form 'Positive Behaviour Panel Restrictive Practice Referral' and submit it to their manager, who will refer it to the Positive Behaviour Panel (the Panel).
- The Panel recommendations may include, but are not limited to; the development of a positive behaviour support plan, the trial of a less restrictive option, further assessment by internal or external health professionals for example a psychologist, occupational therapist or medical doctor.
- Should further assessment be recommended by the Panel the following steps should be taken:
 - Explain to the client that they need to see their doctor or health professional and then make an appointment, or if not already engaged, complete an internal referral (e.g. referral to Disability Professional Services for behaviour support intervention)
 - Inform the manager of the need to use a restrictive practice BEFORE the client attends the doctor or health professional. **Before any restrictive practice can be used the manager must be informed of the need for a restrictive practice;**
 - **Inform the family or guardian regarding the requirement of the restrictive practice and referral to Disability Professional Services and/or other external health professionals.**
 - Either the team leader, regional area supervisor, coordinator and/or family to, accompany the client to the appointment. Accurately report concerns regarding the client's behaviour and decision making capacity. Additional reports from internal and external health professionals may need to be provided to the doctor at this time.
 - Ensure the health professionals recommendations are documented and followed.

The employee accompanying the client to the doctor may not make any recommendations to the doctor.

The manager will ensure that:

- All level 2 requests to use a restrictive practice are to be referred to the Panel for review, assessment and recommendation
- Prior to the Panel meeting or prior to a restrictive practice being implemented, there is adequate documentation that supports the need for the use of a restrictive practice, this may be in the form of behaviour assessments, pain assessments, mobility assessments, progress notes etc.
- All other least restrictive practices have been previously attempted but proved unsuccessful;
- The supervisor has spoken with the client's doctor regarding all the health needs of the client;
- The doctor or health professional has seen the client, has been made aware of the request for the use of a restrictive practice and has provided written agreement for this to be applied;
- Discussion has taken place with the client's family and/or advocate regarding the need and use of a restrictive practice;
- Consent has been obtained from the client, their family or their representative
- The Executive Director Operations must be advised by the Panel of approved restrictive practices.

4.3 Clients' Consent to a Restrictive Practice

If a restrictive practice is deemed necessary, the manager will use whatever strategies are necessary, taking into account the client's cultural and communication needs and understanding, to facilitate the client's capacity to communicate their choice and decisions. If the client is able, they must give their informed consent to the restrictive practice. **Their refusal must be accepted.**

If the client is not able to provide consent or has been deemed unable to make their own decisions, then the legally appointed representative must be asked for consent. **Their refusal must be accepted.**

Where there is no legally appointed guardian, the provisions contained in the Guardianship and Administration Act are to be followed with regards to contacting an alternative person in the following in order: spouse/parents, then the nearest relative in close personal contact.

4.4 When a restrictive practice is in place

The use of restrictive practice should always be viewed as a **temporary** solution to any behaviour of concern. Restrictive practices must be reviewed and ceased as soon as practicable.

The manager must ensure:

- All new and existing Level 2 restrictive practices should be referred to the Panel for review and recommendation

- All restrictive practices are documented on Senses Australia Restrictive Practice Register
- Any plan relating to the implementation of a restrictive practice is developed **before** the restrictive practice is put in place and is developed in coordination with the Panel
- Staff receive training in the use of the restrictive practice
- Staff follow the plan
- The effectiveness of the restrictive practice is monitored and recorded on a daily basis
- Care and support is given to the client on a frequent basis
- The need for the restrictive practice is reviewed regularly (as determined by the doctor or health professional or the Panel) to see if the client's needs change
- Any changes are immediately reported to the client's doctor, health professional and manager for advice, direction or review at a Panel meeting
- All changes are documented in the client's notes
- The restrictive practice is withdrawn as soon as possible and in accordance with the client's positive behaviour support plan/Panel recommendations.

4.5 Withdrawing restrictive practices

It is dangerous to withdraw existing restrictive practices before the manager/Panel are satisfied that:

- Safe and more respectful alternatives have been developed, trialled and demonstrated to be effective for the client concerned
- Employees have had the appropriate training in how to apply the new practices and have demonstrated the skills required to support the client under the new arrangements
- The client has given informed consent or where they are assessed as not having the capacity to consent, a person with the relevant authority is involved, or a guardian has been appointed, and he/she has consented to the withdrawal of the existing practice.

4.6 Emergencies

An emergency arises when a client who has never previously acted in a manner that creates a risk for themselves or to staff or other clients, suddenly does. If this occurs, immediate action may need to be taken to reduce the risk.

In these circumstances the employee must act in accordance with the Supporting and Reporting Client Behaviours of Concern Procedure. Any action taken must always be the least restrictive option possible.

A restrictive practice for which there has been no prior positive behaviour support plan, might be necessary in an emergency, to save a person's life or to prevent them from experiencing serious physical or psychological harm, or to prevent the client causing serious physical or psychological harm to another person.

When a restrictive practice is used that has not had prior Panel agreement, is not documented in the behaviour support plan and for which consent has not been obtained:

- The circumstances in which the intervention was used must be reviewed and recorded by an employee as soon as possible to minimise the risk of a recurrence, through an incident report
- The client’s family or guardian must be advised as soon as possible
- If it is a serious incident, it must be reported to the Department of Communities as a Serious Incident Report by the manager within seven days.

5. RESPONSIBILITIES

It is the responsibility of each employee to ensure that they remain informed regarding Senses Australia procedures which impact upon their duties, and to work within them.

6. CONTINUOUS IMPROVEMENT

All Senses Australia employees are encouraged to provide feedback on this procedure to their supervisor, to ensure that it remains relevant and continues to reflect the actual manner in which activities are undertaken.

RELATED FORMS
FORM Client Incident Report
FORM Positive Behaviour Panel/Restrictive Practice Referral
TEMPLATE Restrictive Practices Register

RELATED QMS DOCUMENTS
POLICY Clients Human Rights and Freedom from Abuse and Neglect
POLICY Safeguarding for Clients
PROCEDURE Client Incident Response, Reporting and Investigation
PROCEDURE Client Services Governance
PROCEDURE Code of Conduct
PROCEDURE Duty of Care
PROCEDURE Responding to Abuse and Neglect of a Client
PROCEDURE Supporting and Reporting Client Behaviours of Concern
SUPPORT MATERIAL Classification Levels for Restrictive Practices
SUPPORT MATERIAL Positive Behaviour Panel Terms of Reference

RELEVANT LEGISLATION AND STANDARDS

National Framework for Reducing and Eliminating the Use of Restrictive Practices (2014)

Guardianship and Administration Act 1990
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