

Eliminating Restrictive Practices

Record of Policy Development

| Version | Date approved | Date of last review | Date for next review |
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| 1.3 | October 2015 | May 2020 | April 2021 |

Responsibilities and Delegations

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| This policy applies to: | Board, CEO, Executive Team, Human Resources, Staff, Volunteers, Students, any individuals acting for and on behalf of Interchange |
| Policy approval: | Board |

Policy Context – this policy relates to:

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| Standards | <ul style="list-style-type: none"> ● NDIS Practice Standards and Quality Indicators Behaviour Support Module and Implementing Behaviour Support Plans Module ● National Standards for Disability Services ● National Framework for Reducing and Eliminating of Use of Restricted Practices in the Disability Sector ● Guiding Principles of the UN Convention of Protection of Human Rights for People with Disabilities ● NDIS Reportable Incidents – Detailed Guidance for Registered NDIS Providers |
| Legislation | <ul style="list-style-type: none"> ● National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 ● Guardianship and Administration Act 1990 (WA) ● Disability Discrimination Act 1993 (WA) |
| Contractual obligations | <ul style="list-style-type: none"> ● NDIS ● Department of Communities |
| Organisation policies | <ul style="list-style-type: none"> ● Advocacy ● Protecting Customer’s Human Rights ● Feedback and Complaints ● Specialist Behaviour Support |
| Forms, record keeping, other documents | <ul style="list-style-type: none"> ● Behaviour Support Plan ● Incident Reports ● Feedback and Complaints Form ● Case Notes ● Risk Assessments ● Support Plan (iPlan) ● ABC and Daily Recording Charts ● Reportable Incident Report ● Terms of Reference Restrictive Practices Panel ● NDIS Restrictive Practices Monthly Reporting Form |

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| | <ul style="list-style-type: none"> ● Notice of a Behaviour Support Plan, Regulated Restrictive Practice and Plan Expiry Date ● NDIS form s28 Notice Regulated Restrictive Practices that does not require authorisation under state process |
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Policy

Interchange continually works towards the reduction and elimination of restrictive practices. However, Interchange recognises that the use of restrictive practices may be necessary under a worker’s duty of care or to preserve the rights and safety of the customer and others. Any use of restrictive practices will be:

- the least restrictive option;
- used for the least amount of time possible;
- used only as a last resort; and
- used only to prevent harm to the customer or others.

Restrictive practices will not be used:

- as a punishment; or
- for the convenience of the worker.

Interchange will continually evaluate and review its use of restrictive practices to inform improvement activities.

Definitions

RRP a Regulated Restrictive Practice (RRP) is any restrictive practice which has been approved by the state or territory government and is included in the customer’s behaviour support plan.

ARO an Authorised Reporting Officer (ARO) is one or more of the organisation’s workers who is tasked with reporting the use of restrictive practices with the relevant external body on a monthly basis.

PRN: Latin for ‘as necessary’, Pro re nata (PRN) restrictive practices include restrictive practices that are in a customer’s treatment plan which are only used when a particular behaviour is displayed, not as routine.

Reportable Incident is an incident which must be reported to a relevant external body within an expected timeframe.

Chemical restriction involves the use of medication for the primary purpose of influencing a person’s behaviour or movement.

Environmental restriction is the denial of free access to all parts of their environment, including items or activities.

Mechanical restriction is the use of a device to prevent, restrict, or subdue a person’s movement to control their behaviour.

Physical restraint is prolonged use of physical force to prevent, restrict, or subdue movement of a person's body or part of body to influence their behaviour.

Seclusion is the act of confining a person to a room or space which they cannot exit from or think they cannot exit from.

Prohibited Practices are *restrictive* practices that are **not** authorised as they are considered abusive, unlawful or unethical. Some examples might be electric shock, verbal abuse and physical punishment.

Psycho-social restraint – *Please note – this is a prohibited practice.* This is the use of “power-control” strategies.

Therapeutic Device(s) are used when a person's ability to participate and be independent is reduced as a result of their disability. They are used to promote function and hygiene, reduce pain, the risk of injury and reduce the risk of distortion of body shape. Use of these is not a restrictive practice when used as prescribed.

Behaviours of Concern are behaviours of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities.

Reportable Incident (previously “Serious Incident”) is an incident involving an Interchange customer where one or more of the following occurs:

- death;
- serious physical injury or psychological harm;
- abuse or neglect;
- unlawful sexual assault;
- unlawful physical contact or assault
- sexual misconduct committed against, or in the presence of, an Interchange customer including grooming for sexual activity; and
- the unauthorised use of a restrictive practice.

Procedures

Interchange will continually work towards the reduction and elimination of restrictive practices by only using restrictive practices as a last resort to manage behaviours of concern, after all other means have been exhausted. If used restrictive practices will:

- only be the least restrictive alternative;
- only be for the least possible time;
- only be used as a last resort;
- only be necessary to prevent harm to the customer or others;
- not be used as a punishment or coercion;
- not be used for employee convenience;
- only be implemented if the benefits of the restricted practice outweigh the possible negative effects of its use in accordance with a customer's approved behaviour support plan;

- only be with explicit consent attained from the customer, family, guardian and/or advocate; and
- only be with authorisation from the relevant government department.

If a restrictive practice is used that is not documented in the customer's behaviour support plan, Interchange will record the use and report the incident to the WA Department of Communities until the move to the national jurisdiction administered by the NDIS Quality & Safeguarding Commission, as well as the customer's family, guardian and/or advocates.

In addition to above conditions for use of restrictive practice, NDIS also requires:

- A restrictive practice only be used when it is part of a behaviour support plan developed by an NDIS behaviour support practitioner.
- Where required, the implementing provider must obtain authorisation for the use of a restrictive practice from the state or territory.
- The implementing provider must comply with monthly reporting requirements.

Unplanned use of Restrictive Practice for Safeguarding Customer or Others

It is recognised that for some behaviours of concern an unplanned restrictive practice may occur (i.e. not detailed in a Behaviour Support Plan) in response to a risk of serious harm either to the customer or another person. This action may be taken under the employee's duty of care to the customer, self or another person.

Any employee who uses a restrictive practice in these circumstances is required to report its use as soon as practicable, but definitely before end of the shift to their Team Leader or On-Call. If required, a Serious Incident Report or Reportable Incident will be submitted according to guidelines.

Unauthorised use of a Restrictive Practice by an Implementing Provider Constitutes a Reportable Incident

The provider must notify the NDIS Commission within five business days of becoming aware of the use of an unauthorised restrictive practice.

NDIS require the following to be documented for any use of restrictive practice:

- a description of the use of the regulated restrictive practice, including:
 - ✓ the impact on to the person with disability or another person;
 - ✓ any injury to the person with disability or another person;
 - ✓ whether the use of the restrictive practice was a reportable incident;
 - ✓ why the regulated restrictive practice was used;
- a description of the behaviour of the person with disability that lead to the use of the regulated restrictive practice;
- the time, date and place at which the use of the regulated restrictive practice started and ended;
- the names and contact details of the persons involved in the use of the regulated restrictive practice;
- the names and contact details of any witnesses to the use of the regulated restrictive practice;
- the actions taken in response to the use of the regulated restrictive practice;
- what other less restrictive options were considered or used before using the regulated restrictive practice; and

- the actions taken leading up to the use of the regulated restrictive practice, including any strategies used to prevent the need for the use of the practice.

A record made for the purpose of this section must be kept for seven years from the day the record is made.

Interchange also require the following additional information to be documented:

- type of restrictive practice used;
- if consent was received;
- if it was used in accordance with a behaviour support plan or if it was the first time;
- names and contact details of any witnesses to the use of the regulated restrictive practice; and
- whether the use of the restrictive practice was a reportable incident.

The interim behaviour support team will convene to develop an interim behaviour support plan in response to the use of an unplanned restrictive practice within one month. If it is determined that further resources and/or expertise are needed to manage the behaviours of concern, the NDIS will be notified.

Interim behaviour support team will consist of:

- the customer and/or independent advocate
- where appropriate key family member/s or carer, guardian or advocate
- relevant Team Leader
- People and Culture Coach
- Behaviour Support Practitioner (if funded in participant plan)

All interim behaviour report plans proposed are to be reviewed by the Risk, Quality and Safeguarding Lead and approved by People and Culture Executive Manager.

If the interim behaviour support plan is not approved People and Culture Executive Manager, it must be resubmitted to the interim behaviour support team to be re-evaluated by them and then resubmitted for review and approval

All interim behaviour support plans to be recorded in customer record system.

Establishment of a Restrictive Practices Panel

Interchange uses a restrictive practices panel to identify, assess, approve / remove and evaluate the use of restrictive practices. Panel members include:

- People & Culture Executive Manager
- Risk, Quality & Safeguarding Lead
- People & Culture Coach
- Independent Behaviour Support Practitioner

When the Panel is reviewing a customer's plan and restrictive practices the following representatives will be invited:

- the customer and/or independent advocate
- where appropriate key family member/s or carer or guardian

- relevant Team Leader

The objective of the restrictive practices panel's assessment process is to determine whether the social, cognitive, emotional and environmental needs of the person with disability are met. The review process will include an assessment of the decision-making capacity of the person with disability, the type of Regulated Restrictive Practices (RRPs) being used, the reason for the RRP and the implications if RRP were removed. The panel will meet a minimum of quarterly or more frequently as required.

The restrictive practice panel only has authority to agree to the use of the restrictive practice within Interchange services.

The responsibility for consenting to a restrictive practice outside of Interchange services lies with the individual themselves or an authorised alternative decision maker.

Where there are safeguarding concerns outside of Interchange this may lead to reporting of this to appropriate authorities.

Informed Consent

When there is uncertainty about the person's capacity for informed consent, and there is an absence of engaged family, carers, authorised representative or advocates to assist with decision making or there are conflicts about what decisions are in the person's best interests, Interchange will seek advice and guidance from the State Administrative Tribunal, and/or the Department for Child Protection and Family Support for children in the care of the Department.

Restrictive Practice Audit

- Periodically a restrictive practice audit will be completed at Interchange. The audit will aim to identify any restrictive practices used in service delivery.
- All identified restrictive practices will be recorded in the Customer Records Management.
- Reporting summary of restrictive practice use can be obtained from Customer Records Management.
- Community Engagers will conduct a customer review including any restrictive practices in place every 12 months when plan reviewed.

Therapeutic Devices

- When used in the prescribed way, therapeutic devices such as postural supports are not considered restrictive practices under this policy.
- Therapeutic devices that are not prescribed by a treating specialist or are used as a control for a behaviour of concern are to be registered as a restrictive practice.

Worker Training

Workers will be provided with training in the appropriate use of restrictive practices and must be familiar with the agreed upon RRP in the customer's behaviour support plan. Workers must understand the difference between routine RRP and PRN RRP and unauthorised restrictive practices, and only use PRN RRP or unauthorised restrictive practices as a last resort to prevent harm to customers and others.

Any employee who uses a restrictive practice needs to understand reporting requirements and timelines as detailed in procedures above.

Legislative Guidelines

Interchange will seek departmental approval for all RRP use and will only use RRPs in accordance with WA's legislative guidelines and NDIS guidelines. These RRPs are strictly limited to:

- chemical
- Seclusion
- physical
- mechanical
- environmental

Designation of ARO (Authorised Reporting Officer)

Risk, Quality and Safeguarding Lead is an ARO and will report the use of PRN and routine RRPs to the NDIS on a monthly basis. Reporting to WA government bodies will be as required.

If an ARO receives a report of the use of an unplanned restrictive practice which meets the criteria of a Reportable Incident, they will prepare an incident report and provide it to the NDIS Commission on the 5-day notification form if no serious injury resulted from the use.

If serious injury results from the use of a restrictive practice this must be reported to the NDIS Commission on Immediate Notification form (24hours) and on NDIS Commission 5-day notification form.

Recording of Restrictive Practice Use

All RRP use will be documented and records kept for a minimum of seven years, in accordance with legislative requirements except for ATSI and children in the care of Child Protection records need to be in perpetuity.

Review and Evaluation

The Team Leader is responsible for reviewing each customer's behaviour support plan as well as the organisation's RRP use at least every three months with an intention to reduce and ultimately eliminate all restrictive practice use.

The restrictive practices panel will review the RRP's included in a customer's behaviour support plan at least annually.