

## Restrictive Practices

### Record of Policy Development

Version	Date approved	Date of last review	Date for next review
3.0	October 2015	July 2022	July 2024

### Responsibilities and Delegations

<b>This policy applies to:</b>	Board, staff, volunteers, contractors, students' and others acting for and on the behalf of Interchange
<b>Policy approval:</b>	Board

### Policy Context – this policy relates to:

<b>Standards</b>	<ul style="list-style-type: none"> <li>• NDIS Practice Standards and Quality Indicators Behaviour Support Module and Implementing Behaviour Support Plans Module</li> <li>• National Standards for Disability Services</li> <li>• National Framework for Reducing and Eliminating of Use of Restricted Practices in the Disability Sector</li> <li>• Guiding Principles of the UN Convention of Protection of Human Rights for People with Disabilities</li> <li>• Guiding Principles of the UN Convention on the Rights of the Child</li> <li>• NDIS Reportable Incidents – Detailed Guidance for Registered NDIS Providers</li> <li>• Regulated Restrictive Practices with Children and Young People with Disability Practice Guide</li> </ul>
<b>Contractual obligations</b>	<ul style="list-style-type: none"> <li>• NDIS</li> <li>• Department of Communities</li> <li>• Department of Health – DSOA</li> </ul>
<b>Organisation policies</b>	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Protecting Customer's Human Rights</li> <li>• Feedback and Complaints</li> <li>• Specialist Behaviour Support</li> </ul>
<b>Forms, record keeping, other documents</b>	<ul style="list-style-type: none"> <li>• Specialist Behaviour Support Plan</li> <li>• Interim Behaviour Support Plan</li> <li>• <a href="#">Risk Management Interim Plan</a></li> <li>• Restrictive Practice Incident Reports</li> <li>• Feedback and Complaints Form</li> <li>• Case Notes</li> <li>• Risk Assessments</li> <li>• Support Plan (iPlan)</li> <li>• NDIS Reportable Incident</li> <li>• NDIS Restrictive Practices Monthly Reporting</li> </ul>

	<ul style="list-style-type: none"> <li>• Notice of a Specialist Behaviour Support Plan, Regulated Restrictive Practice and Plan Expiry Date</li> </ul>
<b>Published</b>	<ul style="list-style-type: none"> <li>• This Policy and Procedure is published on the Interchange website for the ease of access by external parties.</li> </ul>

## 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

**Specialist Behaviour Support Plan** is an approved NDIS plan with behaviour support funding developed by a behaviour support practitioner in conjunction with the Interchange Restrictive Practices Panel.

**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 specialist *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.

**Psychosocial 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** 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 specialist *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 NDIS Quality & Safeguarding Commission, as well as the customer's family, guardian and/or advocates.
- In addition to the above conditions for the use of restrictive practices, the NDIS also requires:
- ✓ A restrictive practice only be used when it is part of a specialist *Behaviour Support Plan* developed by a registered [NDIS behaviour support practitioner](#).
  - ✓ In WA the implementing provider must review the specialist *Behaviour Support Plan* with an independent quality assurance panel to obtain authorisation for the use of a restrictive practice and the summary of the panel's decisions recorded.
  - ✓ Written consent to any proposed restrictive practices in a specialist *Behaviour Support Plan* must be obtained from the customer or their legal guardian
  - ✓ Both the Quality Assurance Panel summary form and the written consent to any proposed restrictive practices will be provided to NDIS as part of the plan approval process
  - ✓ 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 specialist *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 to their Team Leader, or Out of Hours Responder if after normal working hours and an unauthorised restrictive practice incident report entered in Customer Record System. An NDIS Reportable Incident will be submitted according to guidelines by the Team Leader.

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

- Interchange must notify the NDIS Commission within five (5) 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:
- ✓ the impact on 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 led 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 (7) years from the day the record is made.
  - Interchange also requires the following additional information to be documented:
    - ✓ type of restrictive practice used
    - ✓ if consent was received
    - ✓ if it was used in accordance with a specialist *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.
  - If a customer has a specialist behaviour support practitioner and sufficient funding for specialist behaviour support, the practitioner will be required 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 customer will be assisted to request an early plan review

### **Interim Risk Management Plan**

- Whilst an *Interim Behaviour Support Plan* is being developed, for moderate to high-risk behaviours the relevant Team Leader, with assistance from their People and Culture Coach will develop an *Interim Risk Management Plan* for staff guidance in managing customer behaviours of concern.
- An *Interim Risk Management Plan* can also be developed to outline strategies for managing customer behaviours of concern in which no restrictive practices are required. In this case they may not need referral to a specialist Behaviour Support Practitioner. This is to be determine between Team Leader and Coach. In this instance a *Risk Management Plan* could be for longer than 3 months
- The following people should be consulted in the development of an *Interim Risk Management Plan* wherever possible:
  - ✓ the customer and/or independent advocate
  - ✓ where appropriate key family member/s or carer, guardian or advocate
  - ✓ relevant support workers
- All *Interim Risk Management Plans* proposed are to be approved by the People and Culture Coach. All *Interim Risk Management Plans* and risk alerts are to be recorded in *Customer Record System*.

### **Quality Assurance Panel**

- Interchange uses a Quality Assurance (QA) Panel, as per WA government Department of Community guidelines. The purpose of the QA panel is to identify, assess, approve / remove and evaluate the use of restrictive practices. Panel members will include as a minimum
  - ✓ Senior Interchange Manager with operational knowledge and relevant experience in behaviour support
  - ✓ Independent specialist Behaviour Support Practitioner (not the author of the BSP and not employed by the Implementing Provider)
- It may also include additional people if required:
  - ✓ People & Culture Executive Manager
  - ✓ People & Culture Coach
  - ✓ Team Leader
- When the Panel is reviewing a customer's plan and restrictive practices, where appropriate the following representatives will be invited:
  - ✓ the customer and/or independent advocate, and
  - ✓ where appropriate key family member/s or carer or guardian
- The objective of the Quality Assurance 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 type of Regulated Restrictive Practices (RRPs) being used, the reason for the RRP and the implications if RRP were removed. The panel will meet as required.
- The Quality Assurance Panel only has authority to agree to the use of the restrictive practice within Interchange services.
- Where there are safeguarding concerns outside of Interchange this may lead to reporting of this to appropriate authorities.

### **Informed Consent**

- Interchange must obtain written consent for any restrictive practice from the customer or from their legal guardian before these can be considered authorised.
- 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.
- The responsibility for consenting to a restrictive practice outside of Interchange services lies with the individual themselves or an authorised alternative decision maker.

### **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 Record Management system.
- Reporting summary of restrictive practice use can be obtained from Customer Record Management system.

- Customer Experience Leads will conduct a customer review including any restrictive practices in place every 12 months or when their plan is 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 specialist *Behaviour Support Plan*. This would be both from the specialist Behaviour Support Practitioner who developed the specialist *Behaviour Support Plan* as well as ongoing internal training as required.
- 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 NDIS authorisation for all RRP use and will only use RRP in accordance with WA's legislative guidelines and NDIS guidelines. RRP controls are strictly limited to:
  - ✓ chemical
  - ✓ seclusion
  - ✓ physical
  - ✓ mechanical, and
  - ✓ environmental.

### **Designation of ARO (Authorised Reporting Officer)**

- Customer Experience Leads, Team leaders, People & Culture Coaches and Executive Manager of People & Culture are all ARO's and will report the use of unauthorised restrictive practices to the NDIS when and if these occur.
- PRN and routine RRP will be reported to the NDIS on a monthly basis by Customer Experience Lead as per guidelines.
- If an unplanned restrictive practice which meets the criteria of a Reportable Incident occurs Authorised Reporting Officers (usually the Team Leader in the first instance) will ensure an incident report on unauthorised use of restrictive practice is documented by the staff member involved in the Customer Record management system and complete NDIS Commission on the 5-day notification 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 as an immediate notification within 24 hours of the incident occurring and further follow up report within 5 business days to the NDIS Commission.

### **Recording of Restrictive Practice Use**



- All RRP use will be documented in the Customer Record Management system through incident reporting and records kept for a minimum of seven (7) years, in accordance with legislative requirements except for ATSI and people 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 specialist *Behaviour Support Plan* as well as the organisation's RRP use at least every three (3) months with an intention to reduce and ultimately eliminate all restrictive practice use.
- The RRP's included in a customer's specialist *Behaviour Support Plan* will be reviewed at least annually by the Quality Assurance Panel.

### **Regulated Restrictive Practices with children and young people with a disability**

- Whilst the same general principles in regard to use, and reduction of use, of restrictive practices as outlined above for adults with a disability apply to children and young people, there are some additional considerations in regard to children and young people with a disability – relating to child safety and injury prevention strategies. Sometimes these practices are referred to as 'child-proofing'.
- These are not typically considered a regulated restrictive practice (particularly when used with younger children).
- The need for some child safety and injury prevention (or 'child-proofing' practices) naturally reduces with age as young people develop their skills, grow in independence and are afforded more dignity of risk (i.e., the right to take reasonable risks).
- The NDIS Commission does not regulate families nor their use of restrictive practices outside of services.
- If the person with disability is a child – the best interests of the child are paramount, and full consideration should be given to the need to:
  - ✓ protect the child from harm
  - ✓ promote the child's development; and
  - ✓ strengthen, preserve and promote positive relationships between the child and the child's parents, family members and other people who are significant in the life of the child.