

North West Residential Support Services Inc.  
Policies & Procedures

**RESTRICTIVE INTERVENTIONS**

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Contact: Neal Rodwell, General Manager  
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NWRSS adheres to Disability Services' – Restrictive Interventions in Services for People with Disability Guidelines

Throughout this document Restrictive Interventions will be referred to as RI's

NWRSS staff are NEVER to use RI's without permission from the Direct 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 use of RI's must be approved by the Secretary (DHHS) after consultation with the Senior Practitioner from Disability and Community Services. Any approvals will be relayed to staff by the Direct Service Manager or their delegate via team meetings where permissible interventions will be clearly defined, detailed and developed into compulsory protocols.

In the process of assessing an application to use an RI, the Senior Practitioner will talk to all the important people in the client's life within NWRSS' privacy and confidentiality guidelines.

The client should always be included whenever possible in talking about support strategies. They should have access to communication devices and support that will help them to express their choices and decisions. The client should be asked if they want to have the restrictive practice used.

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.

**Code of Practice**

NWRSS adheres to the following code of practice to reduce restrictive interventions:

- People with a disability have the same rights as all people
- NWRSS includes clients in decisions and choices about the services provided to them
- NWRSS will stop RI's that are not appropriately authorised

- Clients are free to talk to anyone they choose about their choices and decisions
- NWRSS, with the client and/or family's permission, will include all of the important people in a client's life in choices and decision-making
- NWRSS will be respectful of the culture of the person with a disability and provide support based on their individual needs

In order to meet this code of practice NWRSS will:

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

### **What are Restrictive Interventions?**

Restrictive Intervention means any type of support or action that limits the rights or freedom of movement of a person with a disability for the main reason of behavioural control.

Some restrictions of rights or movement are not seen as restrictive interventions if the action taken is 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 Disability Services Act 2011 describes two types of RI as follows:

1. Environmental restriction – where an object or the person's environment is modified for the purposes of behaviour control
2. 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 RI. 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 meetings so that the Direct Service Coordinator can, if necessary, arrange for a review through the issuing body.

Examples of personal restriction include:

## **Seclusion**

This is when a person is put in a room or place and the person cannot leave when they want to. This can occur at any time of the day or night.

## **Chemical Restraint**

This means the use of medicine to control a person's behaviour. The medicine might make the person calmer or sleepy. The person might take the medicine everyday or it might be given to them when a challenging behaviour is happening. It is only OK to use this kind of medicine if prescribed by a Doctor and written into management protocols.

## **Mechanical Restraint**

This is when something is put on a person to stop or make it harder for the person to move or to control their behaviour.

Sometimes a device is put on a person to help them to move or to stay healthy. This is called a 'Therapeutic Device'. This type of device is OK as it can help reduce pain, improve health or help the person do an activity. It is OK to use a therapeutic device when a health professional like a doctor or occupational therapist has approved it. The person with a disability also needs to say it is OK and the Senior Practitioner still needs to be informed.

## **Physical Restraint**

This is when support people use their hands or body to stop or lessen the person's ability to move when they are upset or when a behaviour of concern is happening.

## **Environmental Restriction**

This is when a person's daily life is restricted so that they cannot get what they want, when they want it. This includes:

- 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
- Locking cupboards, doors, fridges and gates

Restrictive Interventions are usually used to respond to behaviours of concern that are poorly understood or that threaten the safety of the person and others. In order to eliminate the use of RI's and the risk of anyone getting hurt it is important that anyone with behaviours of concern have an up to date behaviour support plan that contains strategies that address the function of the behaviour and what to do once the behaviour has started.

## **What are the rules for Restrictive Interventions?**

RI's can only be used if they have been approved by the Secretary of DHHS and if they form part of a Behaviour Support Plan written by a behavioural specialist.

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. house mates)?
- 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 an RI has been approved by the Secretary, NWRSS management will give support workers permission to use the practice.

NWRSS will keep approved restrictive practices under constant review to find ways of reducing and lifting the practices.

### **Emergency situations**

Sometimes RI 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 an RI 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 intervention possible. When an emergency occurs NWRSS 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 -- seniorpractitionerdisabilty@dhhs.tas .gov.au
- Immediately think about other ways to avoid such emergencies and help the client if the emergency situation happens again
- NWRSS must make sure that RI's do not happen because staff do not have enough training or help to work out other ways to help that are safe and respectful

### **Using other ways to help the client**

Staff using approved RI's 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 client's 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 RI
- Location where RI is implemented
- Date of authorised approval
- Date of review

## Action Flow Chart for Reporting and Dealing with Restrictive Interventions

If you think you are seeing a restrictive intervention.

1. Have you read and understood NWRSS' 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 Direct 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 Direct 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 Direct Service Coordinator

2. The Direct Service Coordinator will explain why one is not needed or ways of working that won't require one

3. If one is needed the Direct Service Coordinator will consult with the Operations Manager who manages Restrictive Interventions. An application for permission will be submitted, protocols will be developed and an introduction for the support team planned

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