

17.5 Restrictive Interventions Policy

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PURPOSE

Interchange IE is committed to ensuring that all participants supported by Interchange IE are afforded their rights under the Victorian Charter of Human Rights and Responsibilities (2006) and treated with dignity and respect, and in accordance with legislation protecting those rights.

The Disability Act (2006) sets out provisions in Part 7 of the Act to protect the rights of participants with a disability who are subject to restrictive interventions. The purpose of this part of the Disability Act is to protect the rights of people with disabilities who are subject to restrictive interventions and ensure that the stated interventions are only used if the requirements in Part 7 of the Disability Act are met.

This policy establishes Interchange IE's commitment to ensuring that no participant receiving Interchange IE supports is exposed to unwarranted restrictive practices while fostering a culture that upholds and strengthens a participant's human rights no matter their level of assumed ability or capacity.

Restrictive interventions are not therapeutic and represent serious infringements on a participant's human rights. They are intrusive practices used as a last resort to prevent serious and imminent harm to the participant or another person.

SCOPE

Restrictive Interventions are defined in the Disability Act (2006) as any intervention that is used to restrict the rights or freedom of movement of a person with a disability including (involving the use of, but not restricted to) chemical restraint, physical restraint, environmental restraint, mechanical restraint or seclusion. All key stakeholders (participants, family members, carers, advocates, staff, volunteers, management, the community, all levels of government and the NDIS) have responsibility to ensure that people with disability are not exposed to unwarranted or unnecessary restrictive intervention

POLICY

Interchange IE is committed to ensuring that care/support is provided within a framework of providing the least restrictive option in response to the support needs of the participant. Any application of restrictive interventions will be conducted in accordance with authorised behaviour management plans including reporting requirements.

Interchange IE is a registered NDIS provider and complies with the following principles:

- The NDIS is responsible for adequately supporting participants with appropriate levels of behaviour support funding. In circumstances where behaviour support is not appropriately funded, participants are at higher risk of being exposed to unauthorised restrictive interventions
- Behaviours of concern are managed in ways that show decency, humanity and respect for individual rights, while effectively managing risk.
- Services must be planned to ensure the safety and wellbeing of the participant, family members, Support Workers and the community.
- Restrictive interventions will only be authorised as a last resort and for the briefest duration after all other less restrictive options, reasonably available, have been tried or considered and found to be unsuitable in the circumstances.

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- The capacity to reduce restrictive interventions require effective governance by Interchange IE and ongoing monitoring to ensure effective management.
- Supported decision making and family/carer/advocate inclusive practice informs Interchange IE support practices wherever possible.
- Interchange IE is committed to actively reducing the incidence of restrictive practices against participants with disability receiving supports from Interchange IE

IMPLEMENTATION OF RESTRICTIVE INTERVENTIONS BY INTERCHANGE IE

- Interchange IE nominates an appropriately qualified staff member to take on the responsibility of Authorised Program Officer and ensures their on-going professional development in this role
- Interchange IE accepts responsibility to train staff and volunteers to be aware of, and report any incidences of illegal restrictive practice
- Interchange IE only considers implementing restrictive practices to prevent serious and imminent harm to the participant (self-harm) or others

Interchange IE only supports the implementation of restrictive practices to participants receiving whole of life support through the Active Living Stream (minimum 40 hours per week). Such a participant needs to have a updated Behaviour Support Plan and a Behaviour Support Practitioner in place prior to Interchange IE implementing any restrictive Interventions

- All restrictive practices require authorisation by the Interchange IE Behaviour Support Committee (IBSC) consisting of the Authorised Program Officer, The Active Living Manager, General Services Manager and Executive Officer.
- It is the responsibility of the IBSC to set, monitor and track all interventions and ensure they align with organisational capacity and maximum numbers of participants subject to restrictive interventions authorised under a behaviour support plan. The IBSC will immediately intervene if restrictive interventions exceed maximum participant numbers supported by a BSP.
- The IBSC reports any contravention of accepted restrictive practice policy to the Interchange IE Board through the Executive Officer's reporting function.
- The IBSC ensures that all reporting obligations and requirements are followed as per current legislation (Refer to procedure) e.g. RIDS

PROCEDURE

a. Specific Requirements for the use of Restrictive Interventions.

The Disability Act (2006) outlines some specific requirements for the use of restrictive Interventions-

1. The Act requires Interchange IE to apply for approval from the Secretary if they propose to use restrictive interventions and to appoint an Authorised Program Officer.
2. The Act establishes the requirement for an independent person, who can be a parent or guardian, to be present when a behaviour management plan and the proposed inclusion of the use of restraint or seclusion is being explained to the person with a disability.
3. Restrictive interventions are subject to the guidelines, directives, reporting and monitoring requirements of the Senior Practitioner.
4. The use of physical restraint is subject to specific conditions. Some restraint types are specifically prohibited under section 150(2) as outlined on page 3 of this Policy.

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5. Interchange IE will administer, monitor and report the use of any restrictive interventions within the legislative framework and directions provided by the Disability Act (2006) and the Senior Practitioner.
6. All disability service providers using, or proposing to use, restrictive interventions, must have approval from an Authorised Program Officer. This includes services that provide occasional or episodic care.
7. Any restrictive interventions administered by the staff of Interchange IE, must have a behaviour support plan for the person that has been approved by the Authorised Program Officer for Interchange IE.
8. Where more than one disability service provider supports a person, individual circumstances and environments need to be taken into consideration in developing a behaviour support plan. The development of one behaviour support plan prepared by both disability service providers in consultation with the participant/family/carer/ advocate may be the most effective way to support the participant with consistent approaches. In this case, the plan should clearly identify how each service will apply the restrictive intervention.
9. If Interchange IE considers it appropriate to administer a restrictive intervention recommended by a parent, Interchange IE must have an approved behaviour support plan in accordance with Part 7 of the Disability Act (2006), and have the practice endorsed by the IBSC before the implementation of a restrictive intervention.

b. Authorised Program Officer

Authorised Program Officer

Under Section 7 of the Disability Act 2006, the act states the requirement for a Disability Service Provider to appoint a person responsible, an Authorised Program Officer, for the protection of the rights of any person subject to a Restrictive Intervention.

The APO must not approve the proposed inclusion of regulated restrictive practices in a participant's behaviour support plan unless satisfied that the regulated restrictive practice is:

- necessary to prevent the risk of physical harm to the participant or to others,
- the least restrictive option in the circumstance
- included in and is in accordance with a person's behaviour support plan
- not applied for longer than necessary

If seclusion is to be used, the person with a disability will be supplied with appropriate bedding, clothing, heating, cooling, food, drink and toilet arrangements.

The responsibilities of the Authorised Program Officer are:

1. To monitor the well-being of any participant subject to approved restrictive interventions and ensure they have a Behaviour Support Plan in place
2. To report any incidence of the application of an approved restrictive intervention, as a priority.
3. To monitor and report the occurrence of any emergency applications of restrictive interventions
4. To develop and review Behaviour Support Plans in conjunction with the participant/family/carer/ advocate, ensuring that the Plan is responsive to the participants needs and designed to reduce the need for restriction or to provide the least restrictive option.
5. To report to the Office of the Senior Practitioner in accordance with requirements in DHS Rids Guide 2011 (Reporting of Restrictive Data and Behaviour Support Plan-Guide)
6. In conjunction with the General Services Manager, and the Executive Officer, to conduct an incident review and make recommendations for the Behaviour Support Plan and staff response, within two days of an Incident involving the application of emergency restrictive intervention or physical restraint.

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c. Exceptions for the use of Physical Restraint

Under Direction 150(2) of the Disability Act (**Physical Restraint Directions Paper Office of the Senior Practitioner 2011**), Interchange IE is prohibited from using physical restraint in the course of providing a disability service, except as permitted under this direction.

The Office of the Senior Practitioner considers restrictive interventions as the absolute last resort as a method of intervention when supporting people with disabilities with behaviours of concern.

However, physical restraint may be applied in response to an emergency, or to exercise duty of care but only in the following circumstances:

1. Where physical restraint is necessary in an unplanned emergency or in a duty of care exception
2. Where physical restraint is necessary in an emergency, and developed as a planned response to a known potential emergency situation or known behaviour
3. To prevent or manage serious risk of harm to the person or to any other person
4. Where the use of physical restraint (other than in an emergency described above) is being sought for approval by a disability service provider from the senior practitioner. In the circumstance where a decision is being sought, staff are not to implement the restrictive practice until advised that approval has been received.

d. Where emergency restraint is applied

Under section 150(2) of the Disability Act (2006) the following physical restraint types or interventions are **specifically prohibited**:

1. The use of prone restraint (subduing a person by forcing them into a facedown position)
2. The use of supine restraint (subduing a person by forcing them into a face-up position)
3. Pin downs (subduing a person by holding down their limbs or any part of the body, such as their arms or legs)
4. Basket holds (subduing a person by wrapping your arm/s around their upper and or lower body)
5. Takedown techniques (subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support)
6. Any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning
7. Any physical restraint that has the effect of pushing the person's head forward onto their chest
8. Any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or applying pressure to the chest or joints.

The conditions under which the Senior Practitioner **approves the use** of physical restraint as part of a treatment/behaviour support plan are outlined in the Directions Paper.

<https://www.dhhs.vic.gov.au/sites/default/files/documents/201912/Physical%20Restraint%20Direction%20Paper%20271119.pdf>

In summary they are:

1. On application and approval from the Senior Practitioner and in accordance with RID's reporting requirements

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2. Evidence that positive behaviour support alternatives are being trialled, implemented and assessed
3. Evidence that a comprehensive treatment/behaviour support plan has been implemented and evaluated over time
4. Where appropriate arrangements are in place to ensure that the person's physical condition is closely observed/documentated during the period of physical restraint and for at least one hour after the application of restraint
5. Evidence that clear directions are in place to ensure that the proposed or administered physical restraint ceases immediately when the serious risk of harm to the person or others is no longer present
6. The Senior Practitioner may only permit use of physical restraint for periods of no longer than 12 months

Interchange IE is committed to implementing Positive Behaviour Support (PBS) strategies as a way to support participants to change behaviours **without** the use of Restrictive Interventions. Interchange IE acknowledges that Positive Behaviour Support strategies such as modifying the environment, positive reinforcement, teaching alternate behaviours or skills, and supporting sensory needs are Interchange IE's primary response to any challenging behaviours

e. Reporting of physical restraint

All episodes of physical restraint, whether approved or not approved under sections 1 or 2 of this direction, must be reported to the Senior Practitioner via the Restrictive Interventions Data System (RIDS) within seven days after the end of the month following the application of the physical restraint.

All episodes of physical restraint must be reported through Interchange IE's internal Incident Reporting procedure. Incidents should be reported immediately following the incident, or as soon as possible and as a minimum within 24 hours. Staff should call their Manager, or the On-Call phone for advice regarding any incident that involved the use of physical restraint.

The Authorised Program Officer, in conjunction with senior management, will review all incidents resulting in the use of a restrictive intervention, authorised or emergency, within 2 working days. The review will include, appropriate support to the participant and staff member, provision of information to the family/carer/advocate, and consultation with Interchange IE's Executive Officer.

The Office of the Senior Practitioner may be contacted for support, advice or direction, with the approval of the Executive Officer or their delegate. Mandatory reporting requirements to funding bodies and the Office of the Senior Practitioner will be met.

Further information can be obtained from the Office of the Senior Practitioner-the body established through the Disability Act to oversee the provisions for Restrictive Interventions. SeniorPractitioner@dhs.vic.gov.au

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RELATED LEGISLATION AND POLICIES

Disability Act (2006)

[http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/0B82C05270E27961CA25717000216104/\\$FILE/06-023a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/0B82C05270E27961CA25717000216104/$FILE/06-023a.pdf)

Victorian Senior Practitioner Direction - Physical Restraint Guidelines and Standards 2019

<https://www.dhhs.vic.gov.au/sites/default/files/documents/201912/Physical%20Restraint%20Direction%20Paper%20271119.pdf>

National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

<https://www.legislation.gov.au/Details/F2018L00632>

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DEFINITIONS

Section 3 of the Disability Act (2006) contains the following definitions that are relevant to the use of restrictive interventions. (Victorian Governments Disability Act-Restrictive Interventions Implementation Guide –Provided as Addendum 1.17a in Interchange IE’s Policy and Procedures Manual).

“ Authorised Program Officer ”	Means a person appointed under section 139 or 190.
“ behaviour support plan ”	Means a plan developed for a person with a disability, which specifies a range of strategies to be used in managing the person’s behaviour including proactive strategies to build on the person’s strengths and increase their life skills.
“ chemical restraint ”	Means the use, for the primary purpose of the behavioural control of a person with a disability, of a chemical substance to control or subdue the person but does not include the use of a drug prescribed by a registered medical practitioner for the treatment, or to enable the treatment, of a mental illness or a physical illness or physical condition.
“ mechanical restraint ”	Means the use, for the primary purpose of the behavioural control of a person with a disability, of devices to prevent, restrict or subdue a person’s movement but does not include the use of devices – (a) for therapeutic purposes; or (b) to enable the safe transportation of the person.
“ restraint ”	Means chemical restraint or mechanical restraint.
“ physical restraint ”	A physical restraint is a type of restrictive intervention under s.150 of the Act. Physical restraint means the use, for the primary purpose of the behavioural control of a person with a disability, of physical force to prevent, restrict or subdue movement of that person’s body or part of their body, and which is not physical assistance or physical guidance.
“ seclusion ”	Means the sole confinement of a person with a disability at any hours of the day or night: In any room in the premises where disability services are being provided of which the doors and windows cannot be opened by the person from the inside, or In any room in the premises where disability services are being provided of which the doors and windows are locked from the outside, or To a part of any premises in which disability services are being provided. Include environmental restraint.