Policy On
Restrictive Practices

Date Adopted: June 2014

Date of last review:

Latest Date for Next Review: June 2016
Policy on Restrictive Practices

Background
Restrictive practices used in disability services in Australia have been reviewed by the Commonwealth, States and Territories in relation to the National Disability Agreement, and recommendations have been made to guide jurisdictions’ individual arrangements. This policy is based on a number of state and Commonwealth Government documents 1 2 3 4.

Purpose of this Policy
The purpose of this policy is to:

• contribute to the minimisation of the use of restrictive practices for people with disability and (see Consent and Lifestyle Issues in Appendix 1.)

• ensure safeguards are in place in exceptional circumstances where it is necessary to use restrictive practices.

The Policy
ENABLE recognises the right of people with disability to live in an environment that is the most supportive of, and least restrictive of, their personal freedom. ENABLE is committed to recognising, upholding and promoting the rights of all people with disability and will work towards eliminating the use of restrictive practices.

This policy will provide direction to ENABLE staff regarding the use of restrictive practices when supporting people with disability. The intention is to ensure that the rights and responsibilities of all relevant parties are taken into account, that safeguards are in place for staff as well as

1 DSC “Code of Practice for the Elimination of Restrictive Practices”

2 DSC “Policy for the Elimination of Restrictive Practices”

3 DSC “Restrictive Physical Interventions Policy”

4 DSS “National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector”
people with disability, that the service provided is based on best practice and the most positive outcomes are achieved for all involved.

Policy Scope
This policy applies to all staff at ENABLE who are involved in the direct delivery of client services.

**Failure to comply with this policy will be viewed very seriously and may result in disciplinary action, that may include dismissal**

Principles

- People with disability have the same rights as all people to equality before the law and to equal protection under the law, without discrimination.
- ENABLE has a Zero Tolerance policy that prohibits people with disability from being subjected to cruel, inhumane or degrading treatment or punishment.
- A primary focus of ENABLE’s services is to uphold human rights and the wellbeing, inclusion, safety and the quality of life of people with disability.
- ENABLE supports that clients should have the opportunity and knowledge to participate as fully as possible in making decisions about their daily lives and the services that they need, want and receive.
- ENABLE appreciates that the use of restrictive practices (see definitions – Appendix 1) may at times be required. ENABLE acknowledges however that the use of these strategies to manage risks and behaviours are not effective long-term and can result in long-term physical and psychological harm.
- ENABLE recognises that the use of restrictive practices are only permitted where all efforts to use least restrictive alternatives have proven to be ineffective.
- It is the responsibility of all ENABLE staff to continue to support the minimisation of the use of restrictive practices.
- ENABLE supports that people with disability and their families and carers are the natural authorities for their own lives and are in the best place to communicate their choices and decisions.
- ENABLE believes that restrictive practices cannot be approved for organisational or staff convenience, or to overcome a lack of staff, inadequate training, or a lack of staff support and/or supervision.
Least restrictive alternative

The least restrictive alternative refers to the right of a person to live in an environment which is the most supportive, and the least restrictive, of his/her freedom.

In the context of the use of a restrictive practice it requires that ENABLE staff engage in actions that:

a) ensure the safety and wellbeing of the person and all others who share their environment and
b) having regard to the above, impose the minimum limits on the freedom of the person as is practicable in the circumstances.

Use of Restrictive Practices

Other than in an emergency situation, restrictive practices may only be implemented:

• with a prior review at a senior level in the organisation that confirms the evidence all less restrictive alternatives have been carefully evaluated and cannot be applied
• as a last resort, when the person presents a clear and present risk to themselves and/or others
• for the least time possible
• with the informed consent of the person involved or where a guardian has been appointed with the relevant authority and that s/he has consented.
• after there has been an assessment of the impact of the practice on the rights and well-being of others who share the person’s environment
• under the supervision of a designated, experienced staff member who is on duty at the time
• when contained in a clearly documented behaviour support plan
• all behaviour support plans that relate to restrictive practices will be reviewed in accordance with the accredited ENABLE Behaviour Support Plan panel review process.
Appendix 1:

Definitions and key terms

Restrictive Intervention

A “restrictive intervention” is any intervention and/or practice that is used to restrict the rights or freedom of movement of a person with disability including:

- **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.

- **Chemical restraint**
  A “chemical restraint” means the use of medication or chemical substance for the primary purpose of controlling a person’s behaviour. 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 illness, a physical illness or physical condition.

- **Mechanical restraint**
  A “mechanical restraint” means the use of a device to prevent, restrict or subdue a person’s movement or to control a person’s behaviour but does not include the use of devices for therapeutic purposes.

- **Physical restraint**
  A “physical restraint” means the 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 controlling a person’s behaviour. Physical restraint does not include physical assistance or support related to duty of care or in activities of daily living.

- **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, restriction of access to personal items such as a TV in a person’s bedroom
    - locks that are designed and placed so that a person has difficulty in accessing or operating them and
    - restrictions to the person’s capacity to engage in social activities through not providing the necessary supports that they require to do so.

- **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
o 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”)

o directing a person to remain in a particular physical position, (e.g. laying down) until told to discontinue

o “over-correction” responses (e.g. requiring a person who has spilled coffee to clean up not only the spilled coffee but the entire kitchen)

o ignoring and

o withdrawing “privileges” or otherwise punishing, as a consequence of non-cooperation.

Therapeutic Device

Therapeutic devices are used when people’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. Examples include but are not limited to:

- postural support such as seating inserts in wheelchairs
- chest and pelvic straps for postural support and/or safety in wheelchairs, commodes and vehicles
- splints to minimise muscle contractures and reduce pain
- splints for short term use to allow wound healing and tissue repair and
- night time positioning to reduce the risk of body shape distortions.

Consent

- **Consent** – In general terms consent is a voluntary agreement to another’s proposition, it entails an actual willingness that an act or an infringement of an interest shall occur.
- **Express consent** – is directly communicated by the spoken or written word.
- **Implied consent** – is inferred from signs, actions, or facts or by inaction or silence.
- **Informed consent** – is an agreement to do something or allow something to happen only after all the relevant facts (risks and consequences) are disclosed.

Consent and Lifestyle Issues

- Lifestyle issues involve those areas of a person’s life relating to decisions about accommodation, accessing services, leisure activities, relationships, work, transport, day programs etc... **It does not include consent to medical treatment or major financial decisions.**

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5 Adapted from “Consent by Clients: : Tasmanian - Dept of Health and Human Services 2012
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• It is acknowledged that most decisions relating to day to day activities have already been determined through the planning processes involved in determining a person's daily schedule’

• For day-to-day decision making (e.g. what to eat, choice of activities, when to go to bed) it may be possible to make decisions based on the ‘implied consent’ of the person with disability.

• Factors to take into account for day-to-day decision making would include knowledge of the person, evidence of preferences through documentation and discussion with other key people, any initiation of part or all of an action and absence of resistance.

• If a person is unable to provide informed consent about an important issue (e.g. planning a holiday, change of accommodation, personal relationships) consultation and agreement will need to occur between the key people involved with that issue (e.g. key service providers, family members, advocates etc.).