

Eliminating Restrictive Practices Policy

Purpose

Patches recognises, upholds and promotes the rights of people with disability and their right to personal freedom and is committed to eliminating restrictive practices. This policy supports Patches to apply NDIS Practice Standards and Quality Indicators for support planning; responsive support provision; and implementing behaviour support plans. It complies with state and territory based legislation and the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

Scope

This policy applies to all Patches staff, students, and volunteers. This policy guides staff on the standards of practice regarding eliminating the use of restrictive practices.

Definitions

Informed consent: means a person is provided with appropriate and adequate information in order to make a decision which they make freely and without unfair pressure or influence. Part of informed consent is that the person also understands the consequences of their decisions.

Positive Behaviour Support: A comprehensive approach to assessment, planning, and intervention which focuses on addressing the person's needs, their environment and overall quality of life. It is an evidence based approach to supporting people with disabilities who use behaviours of concern. It seeks to both improve the quality of life of the person with a disability and to reduce the impact of the person's behaviour of concern.

Restrictive practices: Any intervention and/or practice that has the effect of restricting the rights or freedom of movement of a person with disability. The NDIS Commission Behaviour Support Rules define five types of regulated restrictive practices: seclusion, chemical, mechanical, physical, and environmental.

Seclusion: The sole confinement of a person with disability in a room or physical space.

Chemical restraint: The use of medication or chemical substance for the primary purpose of influencing a person's behaviour.

Mechanical restraint: The use of a device to prevent, restrict or subdue a person's movement for the primary purpose of influencing a person's behaviour (different from a therapeutic device).

Therapeutic device: Something put on a person to help them to move or stay healthy and which can help to reduce pain, improve health or help the person do an activity.

Physical restraint: 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 influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm / injury.

Environmental restraint: Restricting a person's free access to all parts of their environment, including items or activities.

Psychosocial restraint: Recognised in WA, this is the use of power-control strategies that include but are not limited to requiring a person to stay in one place until told they can leave, directing a person to remain in a particular physical position (e.g. lying down), ignoring, withdrawing privileges or otherwise punishing as a consequence of non-cooperation.

Principles

Restrictive practices can have profoundly negative effects on a person's quality of life and can represent serious human rights infringements. Patches provides person-centred interventions, with the aim of reducing and eliminating the use of restrictive practices.

When providing behaviour supports, Patches's obligations are to:

- Obtain authorisation for the use of restrictive practices from the relevant state / territory (when required);
- Use regulated restrictive practices only in accordance with an approved behaviour support plan;
- Ensure all staff are trained in the support strategies outlined in the behaviour support plan;
- Report any unauthorised use of restrictive practices to the NDIS Commission (reportable incident).

Where appropriate and necessary, developmentally appropriate environmental adjustments and safety measures e.g., putting dangerous equipment up high are used, and do not constitute restrictive practice. Restrictive practices are not used as a punishment or for staff convenience.

Where restrictive practices are recommended in a person's behaviour support plan, the behaviour support plan itself and details of the restrictive practice must be recorded on Patches's Restrictive Practice Register maintained by the National Therapy Manager.

Working with Third Parties

Patches staff must comply with Patches policy even when working with third parties (for example, the Education Department or client accommodation). Patches staff should ask the third party for evidence of appropriate registrations and authorisations in any use of restrictive practices, and are not authorised to use restrictive practices without Patches having appropriate documentation and support in place. Any witnessed use of restrictive practices by a third party, without appropriate registrations and authorisations should be reported as an incident via the Patches Incident Management Policy and Procedure. Each incident will be reviewed by the Clinical Governance Committee and Patches Management Committee and reported following the NDIS Quality and Safeguarding guidelines.

Training

Patches provides access to training to clinicians on positive behaviour support and the elimination of restrictive practices on a regular basis. Authorisation and reporting requirements for the use of restrictive practices are the responsibility of each state and territory.

Responsibilities

All client-facing staff are responsible for supporting the elimination of restrictive practice; and for compliance with this policy in the use and reporting of restrictive practices. All client-facing staff must participate in training on positive behaviour support and elimination of restrictive practices. The National Therapy Manager is the restrictive practices compliance officer and is responsible for ensuring staff comply with the requirements of this policy and have sufficient skills, knowledge and ability to meet these requirements; and for ensuring that all unplanned restrictive practices are added to the Register.

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