Wild Rumpus Community Services

restrictive intervention policy

A restrictive intervention means any intervention used to restrict the right or freedom of movement of a person with a disability. This includes:

- **chemical restraint** – a chemical substance used for the primary purpose of behavioural control
- **mechanical restraint** – the use of devices to prevent, restrict or subdue movement for the purpose of behaviour control
- **seclusion** – the sole confinement of a person where the windows and doors cannot be opened by the person from the inside, or are locked from the outside.

Wild Rumpus Community Services refer to the *Disability Act 2006*, Part 1 – Preliminary, Section: 3 for more detailed definitions of the above restrictions. In addition, any action which impacts on a participant's rights according to the *Victorian Charter of Human Rights and Responsibilities Act 2006* must be viewed as restrictive. Restrictions may be physical or psychological.

Physical restrictions include, but are not limited to:

- locking doors, windows and cupboards
- physically holding a participant (physical restraint) or blocking access to a common area, such as the kitchen
- straps or belts on chairs and bed rails used to stop or restrict a participant's freedom of movement.

Psychological restrictions include, but are not limited to:

- exclusion from activities
- verbal threats and intimidation
- any action or directive which creates compliance through the use of fear. For example, ordering a participant to go to their room, or lie on the ground.

Behaviour Management Plans

Behaviour Support Plans are developed by Wild Rumpus Community Services with participants, their families, and any other individuals they wish to involve before support commences. These support plans require active involvement by all Wild Rumpus staff to ensure a broad range of options are considered to best meet the participant's individualised needs, as well as to ensure consistency.

If Behaviour Support Plans have been developed by other supports – then they can be used to help develop the Wild Rumpus support plan, to encourage consistency between a participant's supports.

Behaviour Support Plans provide support staff with clear, concise directions on how to best meet a participant's complex behavioural needs – including restrictive interventions, should the need arise. All support staff must read a participant's Behaviour Support Plan and sign off that they understand its content. Wild Rumpus staff are responsible for clearly documenting incidents where restrictive interventions have taken place – and discuss this at the next monthly team meeting, as well as with a participant's family.

Least restrictive strategies must be tried

Least restrictive strategies must always be tried by following the Positive Behaviour Support framework. Staff must only apply restrictive strategies that are part of the participant's Behaviour Support Plan (BSP). Restrictive interventions must be:

1. Part of a participant's approved BSP
2. Administered in accordance with the participant's approved BSP
3. Only applied for the period of time stated in a participant's BSP.
4. Have been explained to the participant by their family or an independent person.

To decide if an intervention is restrictive the intent or primary purpose needs to be determined. To do this we ask if the intervention is for behaviour control or to restrict freedom of movement.

Locking of doors and windows

The locking of internal or external doors and windows to restrict a participant's access in or out of a venue, or access to internal common areas or facilities, is a restriction on freedom of movement and is a restrictive intervention. This includes:

- placing locks on cupboards and refrigerators to restrict access to food
- turning-off the water supply to taps in bathrooms or kitchen, or restricting access to water.

The approval and reporting processes in these situations is the same as those required for other restrictive practices. Access restrictions to any area or common space must be first communicated to the participants and their families. This information must include details on how people being supported who don't require restrictions still have opportunities. Examples of locked doors and windows not considered a restrictive intervention include:

- a door being locked from the outside when a participant is absent (to protect their property from theft)
- external doors and windows being locked for the purpose of deterring intruders
- the front door and windows being locked from the inside to ensure the safety of participants who require constant support and supervision when out in the community. For example, participants with little or no understanding of road safety who may walk onto the road. For these participants the following must occur:
    - the safety issue must be noted in their individual profile
    - doors must only be locked when the participants who require full support and supervision are at a facility.

The use of side rails on beds

The use of bed side rails should only be considered in exceptional circumstances. For example, consideration should be given to less restrictive interventions such as lowering the bed to its lowest level and placing a fall-out mat beside it, if there is a risk the participant may roll-out. Bed side rails represent the most restrictive option and can only be used where a comprehensive assessment by a qualified occupational therapist demonstrates they:

- present a lower risk to the resident than not using them
- are not for mechanical restraint purposes.

The same therapist must specify the details of how and when bed side rails can be used. In this circumstance Wild Pumpus' Authorised Program Officer (APO) needs to sight evidence, for example, an assessment tool, report or recommendation, which states the bedding system has been prescribed for therapeutic purposes, and not

mechanical restraint. Any bed side rail system which has not been recommended following assessment by an occupational therapist, and prescribed by them, must be:

- considered mechanical restraint
- approved and reported as a restrictive intervention.

Chemical restraint

Chemical restraint medication must be authorised and administered in accordance with the 'Medication Policy'. We read the medication information provided by the participant's doctor and pharmacist and contained in their BSP to understand the reasons why it is being prescribed. If the prescribing doctor details specific medication monitoring is required, it must be included in the participant's BSP.

Information from pharmacists and prescribing doctors are discussed at monthly staff meetings to ensure we have a shared understanding of why the participant has been prescribed chemical restraint medication. All participants of Wild Rumpus Community Services reside full-time at home with their families, and are cared for by their parent/caregiver. The parent/caregiver is responsible for relaying medical/medication changes and information to Wild Rumpus. It is the parents responsibility to regularly take the participant to relevant medical specialists, for example, the psychiatrist, paediatrician, neurologist or gynaecologist to review medication. We take no accountability if incidents occur due to parents not updating Wild Rumpus staff of the most current information.

Physical restraint

Physical restraint is where a person is physically held by another person to prevent movement. Physical restraint may only be used in strict accordance with the Office of the Senior Practitioner's (OSP) direction on Physical Restraint as it presents a high risk of injury to all involved. Some forms of physical restraint in conjunction with specific risk issues that some individuals may have, can cause death so are prohibited. Applying unauthorised or prohibited physical restraint may be assault. Wild Rumpus Community Services never apply physical restraint unless it is part of an authorised BSP and after extensive consultation with a participant's family.
Safety measures, such as holding a person's arm/hand for a brief period to stop them walking onto a road, is not considered physical restraint.

Seclusion

Seclusion is the confinement of a participant to a room or part of a building that is locked or has a barrier that stops their freedom to exit. Where seclusion is part of an authorised BSP Wild Rumpus Community Services ensure:

- the environment is suitable, including appropriate heating and cooling
- clothing, food and medications are available
- access is available to appropriate toilet facilities

The maximum time period allowed for the seclusion must be documented in the BSP and adhered to.

What interventions are not reportable?

There are some restraint exemptions which are not reportable under the *Disability Act 2006*. These include:

- the use of seatbelts and seatbelt buckles to stop a participant removing the belt when in a moving vehicle
- support straps to ensure a participant does not fall from a wheelchair
- splints applied for therapeutic purposes
- psychotropic medications prescribed to treat a participant's psychiatric illness which has been diagnosed and documented by a psychiatrist.

Prescribed treatment or therapy which is not reportable as a restrictive intervention must be documented as a specific management strategy in the participant's individual profile, and be reviewed by the relevant medical or health professional.

Approval of restrictive interventions

Restrictive interventions cannot be applied without Wild Rumpus' APO's approval. The Office of the Senior Practitioner must be provided with a copy of the approved BSP within two working days. Wild Rumpus do not apply any intervention which may cause restriction without approval from the APO.

Emergency use of restraint and seclusion

Section: 147 of the *Disability Act 2006*, directs the circumstances whereby restraint and seclusion may be used in an emergency situation on a participant who does not have an approved BSP that provides for the use of restraint and seclusion. For example, doors may be locked in a one-off emergency where a participant is engaging in behaviour which is placing other participants and staff at risk. Locking the doors ensures the safety of the parties involved. Emergency restraint and seclusion can only be used if the approved disability service provider believes:

- there is imminent risk of the participant causing serious physical harm to themselves or others and the conditions for use of emergency restraint or seclusion have been satisfied
- it is necessary to use restraint or seclusion to prevent such risk.

In these cases, the following conditions apply:

- the use and form of restraint or seclusion must be the least restrictive possible, given the circumstances
- the use of restraint or seclusion must be authorised by the person in charge
- the APO must be notified without delay of the use of restraint or seclusion
- the issue must be discussed at the next monthly staff meeting.

Reporting requirements

The Restrictive Interventions Data System (RIDS) is the tool which must be used to report restrictive interventions. RIDS is completed monthly and forwarded to Wild Rumpus' APO. The APO reports to the Office of the Senior Practitioner the use and form of restrictive interventions for the service outlets in which they are responsible. The APO is also responsible for ensuring returns are completed, as required, and forwarded to the Office of the Senior Practitioner within seven days of the end of each month.