achieve amazing.

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Restrictive Practice Considerations for AT Assessment

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Kaurna people as the traditional custodians of the lands that we are speaking to you from today. We also acknowledge the traditional custodians of the lands on which each of you are living, learning and working from today. We recognise all First Peoples' spiritual and cultural connection with their country, and as we share knowledge and learning today, we pay respect to Elders, both past and present, as it is their knowledge and experiences that hold the key to the success of future generations.

OUTLINE

- Restrictive Practices – What are they?
- Therapeutic Supports – What are they?
- Travel in vehicles
- Is it a Restrictive Practice?
- Documentation
- Case Studies

Therapeutic Supports

A Therapeutic Support is a practice designed to address a health condition or effect of a disability, that will have a positive impact on the mind/body and contribute to well-being and quality of life.

Therapeutic Support Examples

- Harness to assist optimal postural positioning
- Electrically operated bed to assist transfers
- Stroller/wheelchair to manage fatigue
- Alarm to increase safety during a seizure
- Weighted blanket to assist emotional regulation
- Ramp to improve access
- Wheelchair brakes to keep the wheelchair from rolling away

Many grey areas!!

Restrictive Practices

A restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. (NDIS Commission)

Restrictive Practices

Types

1. **Physical restraint** is 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 purposes 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, consistent with what would reasonably be considered exercising care towards a person

2. A **mechanical restraint** is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes

3. A **chemical restraint** is the use of medication or chemical substances for the primary purpose of influencing a person's behaviour. It does not include the use of medicine as prescribed by a medical practitioner, for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or physical condition.

4. An **environmental restraint** restricts a person's free access to all parts of their environment, including items or activities.

5. **Seclusion** is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.6 The regulations specify that seclusion must not exceed two hours.

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

Restrictive Practice Guidelines

Last Resort

Have I tried all other strategies and am left with no option but to use the restrictive practice?

Authorised in a Behaviour Support Plan (BSP)

Restrictive Practices are described in a BSP, and the way they are written is authorised. If the restrictive practice is not in a behaviour support plan it shouldn't be used except in extreme circumstances (reportable incident required)

Least Restrictive and Lowest Risk

Is there a less intrusive way to keep everyone safe that violates less of this person's human rights but is still effective? Do the risks of using the RP outweigh the risk of the behaviour?

Trained to implement safely

Has training been provided to use this restrictive practice appropriately and for the right reasons?

Shortest Possible Time

Is it possible to stop the restrictive practice early as soon as the greatest safety concern has passed?

Recorded appropriately

Documented on forms and in case notes

Regulated Restrictive Practice AT Examples

- Stroller/wheelchair to assist family with a child who runs away
- Splint or gloves to stop hand biting
- Wheelchair pelvic belt for ambulant person
- Bed with high sides where the person is getting out of bed and this is placing them at risk
- Brakes on wheelchair to stop a person from moving where they want to go*
- Door locks to prevent someone from leaving the house
- GPS Tracking watches and video surveillance for safety

Technology Related Prohibited Practices

- Use of wheelchair brakes that the person cannot remove where that is the person's only form of mobility
- Turning off, unplugging or not charging a powered wheelchair where that is the person's only form of mobility
- Disabling communication devices where this is the person's only means of communication

Source: **Restrictive Practices Schedule SA Gov**

Travel in vehicles

Some items for travel in vehicles are not considered restrictive practices by the Commission.

It is the law for all passengers to be safely seated in the vehicle seat for the duration of the journey and not interfere with the driver. Therefore, the following items are **not** considered RRPs in **South Australia**:

- Buckle Guard on seatbelt or 5-point standard carseat harness for child
- Use of vehicle child lock
- Perspex barrier between rear passenger and driver

Source: **Restrictive Practices Schedule SA Gov**

Only for the duration of the journey!

Is it a Regulated Restrictive Practice?

Are there behaviours of concern?

What is the primary purpose of the AT?

- To control behaviour?
- To assist a physical/medical condition?

Is the person capable of the action/skill/activity?

Is the practice therapeutic?

Does the person have the final say?

Who is applying the restriction?

Are there other considerations? e.g. Road rules, Duty of Care, Worksafe legislation.

Is it a Regulated Restrictive Practice?

1) Side rails on a bed

2) Harness on a wheelchair

3) Attendant controller at the rear of a wheelchair

4) Brake at the rear of a manual wheelchair

Regulated Restrictive Practice
Risk Assessment

Risk Matrix					
Likelihood ↓	Consequences →				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	Medium	High	Extreme	Extreme
Likely	Low	Medium	High	Extreme	Extreme
Possible	Low	Medium	High	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Positive Behaviour Support

Behaviour support practitioners (often referred to as “PBS practitioners”) assess the influences on a person's behaviour, and design interventions to both increase a person's quality of life and reduce challenging behaviours.

Write Behaviour Support Plans to clearly describe the restrictive practice in such a way as it can be authorised by the relevant party, including considering safeguards and plans to fade out its use in line with skill development or prevention

Positive Behaviour Support

Referral to Positive Behaviour Support Practitioner

- Person will need Improved Relationships (IR) funding in the Capacity Building part of their NDIS Plan

May be a wait for IR funding to be added to the plan and/or for PBS Practitioner capacity

If high risk and cannot wait, prescribe the RP:

- Document in a RRP Risk Management Plan

Documentation - RRP

If it is likely to be a Restrictive Practice – document Risk Management:

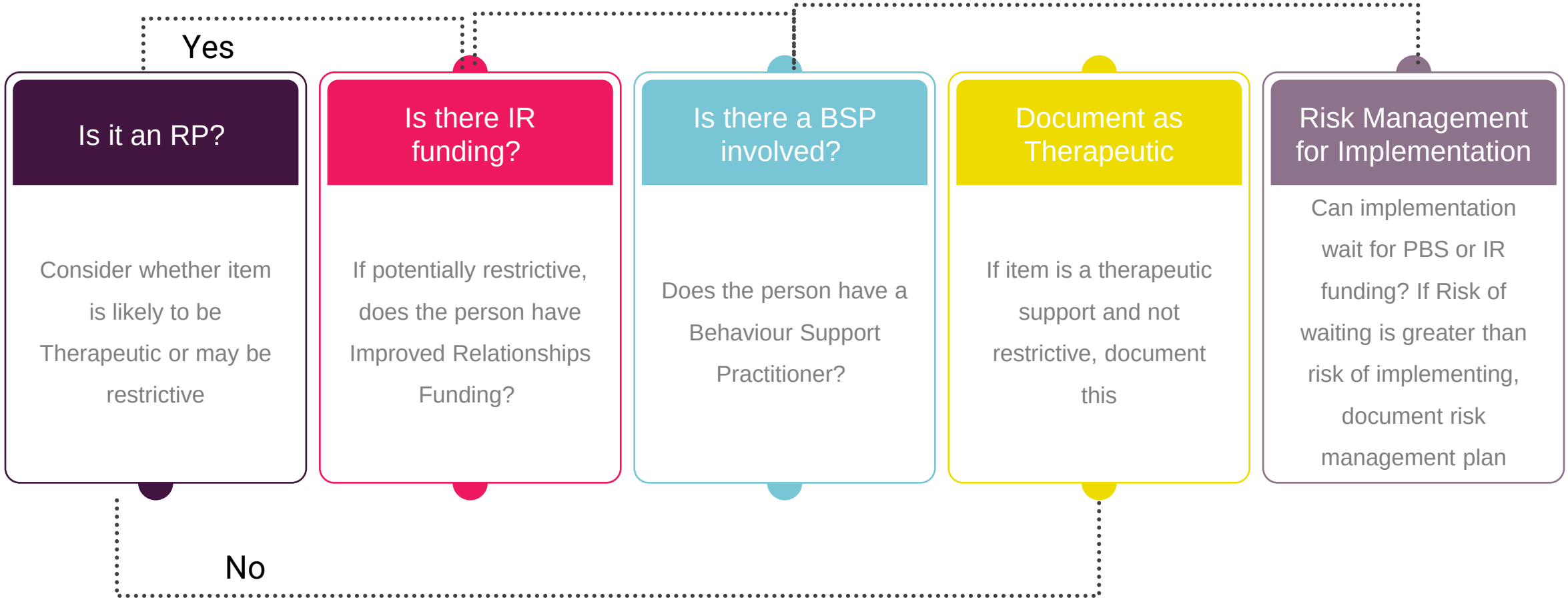
- Whether Improved Relationship funding available or steps taken to seek
- Whether Behaviour Support Practitioner is involved or referral made
- Clinical indicators for implementation – use risk matrix
- Person's response to use of RRP/consent
- Guardian's opinion on use of RRP
- Recommended intervention – detail including how to manage any risks
- Impact on others
- Alternatives considered
- Implementation instructions – how and when, including how it is used as a last resort
- Strategies to fade out use or indicators about when it could be faded

Documentation – Therapeutic Support

- Clinical indicators for implementation – use risk matrix
- Person's response to use of therapeutic support/consent
- Intervention recommended – including how to manage any risks
- Alternatives considered
- Usage instructions – how and when, include diagrams/standard info if needed
- Safety precautions or contraindications
- When not to use the support
- Monitoring and review plan and date

Assistive Technology and Restrictive Practice Process

Summary



CASE STUDIES

Case Study 1

Sam is a 20 year old man with Cerebral Palsy, GMFCS 5. Reliant on manual wheelchair for all mobility. Uses Eye Gaze system for AAC.

Sam's usual posture has his arms out to the sides and he is comfortable and happy in this position. However, at times, such as when he is being assisted into an access cab or van in his wheelchair, or when going through shopping centres or less accessible environments, his arms and hands can be injured.

His previous wheelchair has loops on the armrests to keep his arms from being outside the footprint of his wheelchair and to keep his arms safe. His mum asks for the same type of loops to be on his new wheelchair.

His Day Options provider is reluctant to use the loops as they feel they may be a Restrictive Practice. Are they?

Is it a Regulated Restrictive Practice?

Are there behaviours of concern?

What is the primary purpose of the AT?

- To control behaviour?
- To assist a physical/medical condition?

Is the person capable of the action/skill/activity?

Is the practice therapeutic?

Does the person have the final say?

Who is applying the restriction?

Are there other considerations? e.g. Road rules, Duty of Care, Worksafe legislation.

Case Study 2

John is 30 years old and lives in supported accommodation. He has Autism and significant intellectual disability. He has behaviours of concern which include leaving the house. He is ambulant but has some issues with strength, endurance and motor planning. He has epilepsy and experiences seizures. His is under guardianship of the Office for the Public Advocate.

The accommodation staff have reported that he has fallen out of bed in the night and is in danger of falling out when he has seizures and would like a bed with rails or a concave mattress. If he has either of these things, it is likely he will be unable to get out of bed independently.

Is this a restrictive practice? What needs to be considered? What steps should be taken?

Is it a Regulated Restrictive Practice?

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QUESTIONS

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