

THE USE OF RESTRICTIVE PRACTICES

The Use of Restrictive Practices Policy | Version 2_March 2021



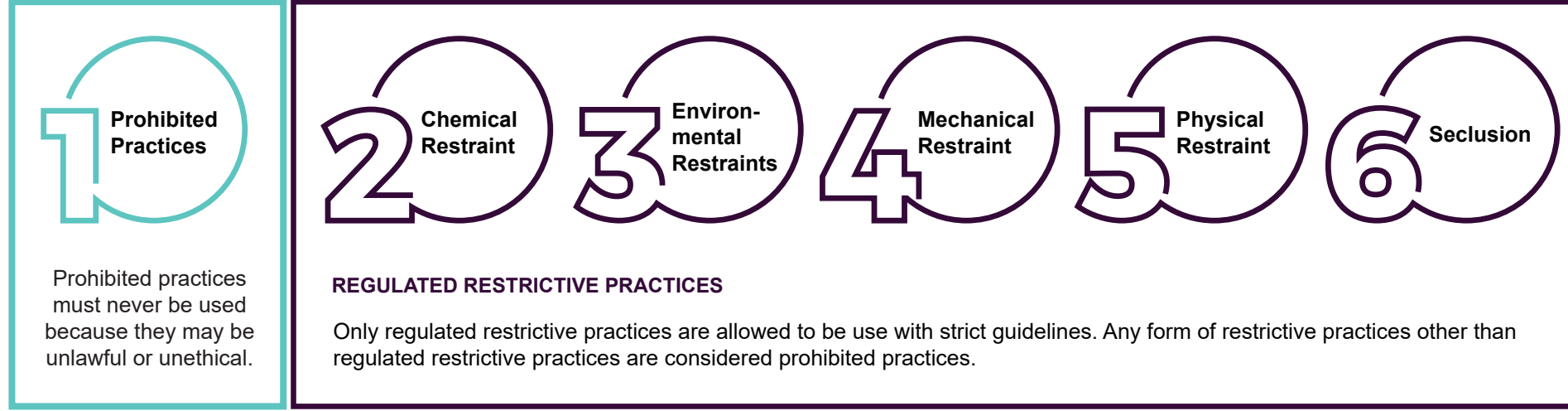
POLICY STATEMENT

At times, a behaviour support plan may contain restrictive practices, that intend to keep the clients and those around them safe. This policy provides guiding principles into Restrictive Practices; how they are used according to the legislative requirements and NDIS Practice Standards.

DEFINITION

A restrictive practice is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

TYPES OF RESTRICTIVE PRACTICES



RESTRICTIVE PRACTICE PRINCIPLES

Zest supports the reduction and elimination of the use of restrictive practices. We will only use restrictive practices:

- AS A LAST RESORT
- FOR SHORTEST TIME POSSIBLE
- WITH CONSENT
- PROPORTIONATE AND JUSTIFIED
- IF IT IS WRITTEN IN A BEHAVIOUR SUPPORT PLAN
- AUTHORISATION GRANTED BY STATE BODIES
- IN THE LEAST RESTRICTIVE WAY
- IF WE HAVE GAINED UNDERSTANDING CLIENT'S BEHAVIOURAL NEEDS

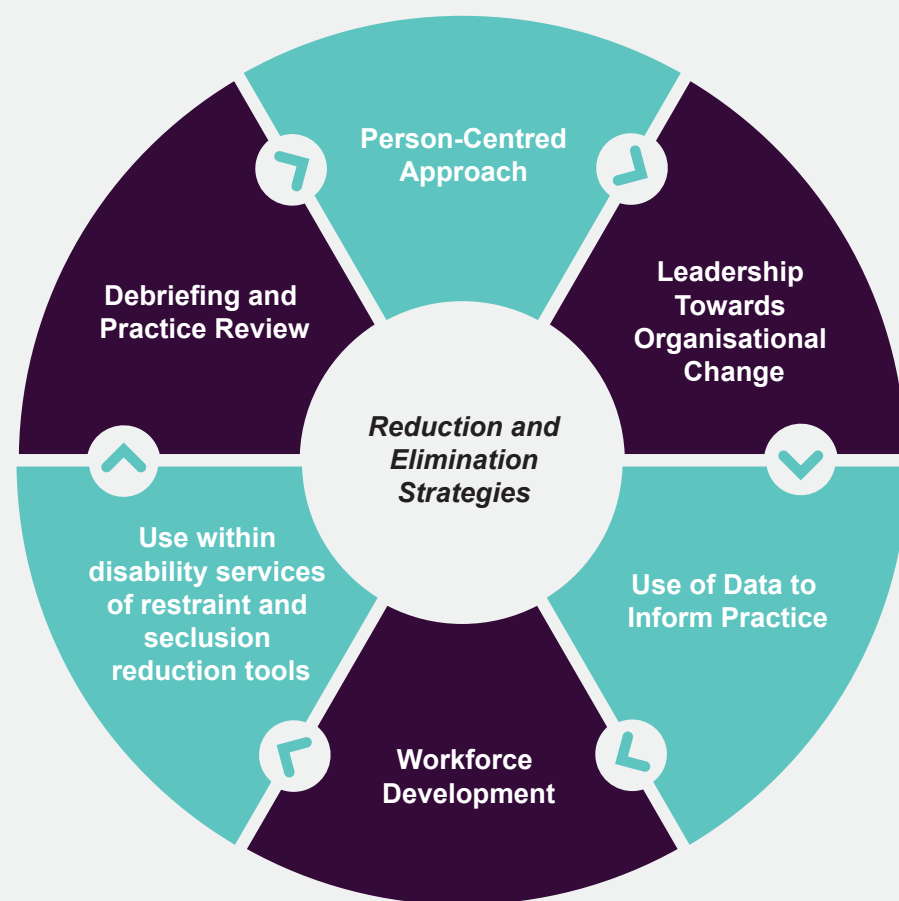
IMPACT OF RESTRICTIVE PRACTICES

The impact of ongoing usage of restrictive practices has on clients, their support networks and the workers can be profoundly negative. The use of restrictive practice whether on a single or ongoing occasion can result in:

- A loss of dignity
- Reduced interpersonal relationships
- Limited freedom
- Potential human rights violations
- Medication dependency.
- Increased mental illnesses
- Trauma and psychological distress
- Secondary forms of destructive behaviours

Zest continuously monitors, evaluate and as much as possible seek to reduce the use of restrictive practices with the goal of eliminating the use restrictive practices.

REDUCTION AND ELIMINATION



AUTHORISATION PROCESS

The use of a restrictive practice will only be approved as part of a positive behaviour support plan. Zest follows relevant state or territory guideline to seek approval to implement and use restrictive practices. The relevant approving authorities are listed below. Refer to full policy for detailed table.

State	Seclusion	Chemical Restraint	Mechanical Restraint	Physical Restraint	Environmental Restraint
ACT	Central Positive Behaviour Panel	Central Positive Behaviour Panel	Central Positive Behaviour Panel	Central Positive Behaviour Panel	Central Positive Behaviour Panel
NSW	NSW Government, Dept. FACS RPA System	NSW Government, Dept. FACS RPA System	NSW Government, Dept. FACS RPA System	NSW Government, Dept. FACS RPA System	NSW Government, Dept. FACS RPA System
NT	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner
QLD	QCAT guardian for a restrictive practice (respite) public guardian	Guardian for a restrictive practice (general) relevant decision-maker. Guardian for a restrictive practice (respite) key management personnel for service provider.	Guardian for a restrictive practice (general) relevant decision-maker. Guardian for a restrictive practice (respite) key management personnel for service provider.	Guardian for a restrictive practice (general) relevant decision-maker. Guardian for a restrictive practice (respite) key management personnel for service provider.	Relevant decision-maker. Guardian for a restrictive practice (respite) key management personnel for service provider.
SA	SA Civil and Administrative Tribunal	Participant or guardian, person responsible or substitute decision-maker.	SA Civil and Administrative Tribunal	SA Civil and Administrative Tribunal	Participant or guardian, person responsible or substitute decision-maker. Directed residence approved by SACAT
TAS	Submission to Tas Senior Practitioner than approval by GAB	Authorisation not required. Governed by Mental Health Act 2013 (Tas).	Submission to Tas Senior Practitioner than approval by GAB	Submission to Tas Senior Practitioner than approval by GAB	Secretary of the DHHS Submission to Tas Senior Practitioner than approval by GAB
VIC	APO and Victorian Senior Practitioner	APO	APO and Victorian Senior Practitioner	APO and Victorian Senior Practitioner	APO
WA	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders

REPORTING AUTHORISED RESTRICTIVE PRACTICES TO NDIS COMMISSION

REPORTING TO THE NDIS COMMISSION

If we support clients with a behaviour support plan, which includes the routine use of a regulated restrictive practice, we will report on the use of those practices each month to the NDIS Commission. This report will include:

- TYPE OF RESTRICTIVE PRACTICES USED
- BRIEF DESCRIPTION OF THE PRACTICE
- RELATED BEHAVIOUR CONCERN
- DETAILS OF MEDICATION IF REQUIRED
- FREQUENCY OF USAGE
- ANY OTHER ASPECTS OF RESTRICTIVE PRACTICES USE

REPORTING TO STATE OR TERRITORY BASED AUTHORITIES

In addition to record keeping and the reporting to the NDIS Commission, the Australian Capital Territory, Northern Territory, Queensland, Tasmania and Western Australia require the use of regulated restrictive practices to be reported to their relevant agencies, departments or offices. View the full policy for an outline of time frames and authoritative bodies.

SUPPORT PARTICIPANTS WHO ARE AFFECTED BY RESTRICTIVE PRACTICES

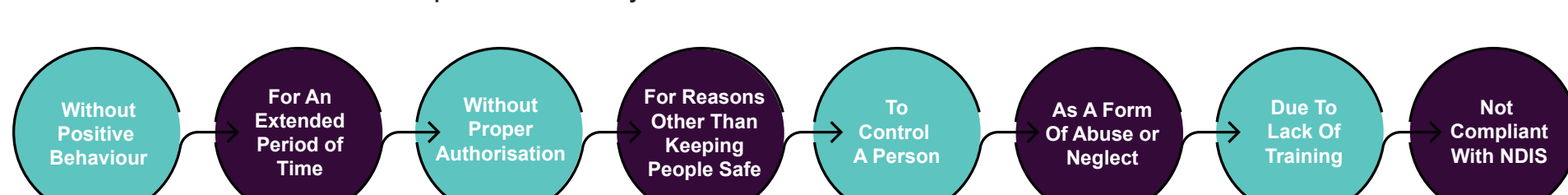
Zest commits to working with the affected participants, their family and their support network to ensure the impact of the use of restrictive practices is well managed and monitored.

RECORD KEEPING

Zest will keep records relevant to the participant's behaviour of concern, restrictive practices, incidents, risks and other data collection as required. All records must be kept for at least 7 years from the date of the document. All records are kept in accordance with relevant Legislative requirements.

UNAUTHORISED USE OF RESTRICTIVE PRACTICES

Unauthorised use of restrictive practices is any instance of use:



OTHER REQUIREMENTS

TRAINING AND WORKER REQUIREMENTS

To mitigate the risks, workers who support participants with a positive behaviour support plan (PBSP) that contains restrictive practices will be trained and at a minimum must understand:

- What a restrictive practice is
- What an unauthorised restrictive practice is
- When, why and how they are to be used
- Their obligations to ensure safety & effectiveness
- The reporting and obligations defined in the NDIS
- The ethical and safety obligations

BREACH OF POLICY

A breach of this policy may place Zest in breach of NDIS Guidelines which could result in:

- An investigation into the organisation by the NDIS
- The organisation being de-registered from the NDIS
- Civil Penalties
- Criminal Convictions and Fines

APPLICABILITY

WHEN

When to apply this policy? This policy applies when supporting clients with behaviour support.



WHO

Who does this policy apply to? To all employees, volunteers, supervisors and key management personnel involved in supporting clients with behaviours of concern.

