

Restrictive Practices Policy

Community Connection's Position

Community Connection does not believe in unnecessarily restricting the freedom of people. Restrictive practices are will only be used when a serious risk of harm is identified and all other options have been explored without success.

As much as possible, staff of the Association will focus on preventing or minimising the emergence of behaviour that causes harm through supporting adults to live full and active lives with opportunities to participate fully in the community.

Should it be considered necessary to lock gates, doors or windows:

- The practice that will least restrict the individual's rights and lifestyle will be chosen;
- The practice will be for the shortest possible time while positive strategies are developed and implemented;
- Appropriate regard will be paid to linguistic and cultural diversity, family culture and Aboriginal tradition and Torres Strait Islander custom.
- Any action taken will be linked to evidence based practice;
- Recognition will be given that as respite and community access are time-limited, episodic services, the Association may have limited influence on the person's quality of life and behaviour.

Scope

This policy applies when restrictive practices are used by staff of the Association in providing services to an adult with an intellectual or cognitive disability, of a level that impairs their capacity to make decisions, whose behaviour either causes, or represents a serious risk of, harm to the adult or others in accordance with Part 10A of the Disability Services Act 2006 (the Act).

This policy does not apply when staff use practices that are implemented solely due to a skill deficit, restraints that have been directed by a medical practitioner and consented to by the adult's health attorney or guardian as provided for in section 75 of the Guardianship and Administration Act 2000, or to practices used by people other than staff of the Association.

Restrictive Practices

Practices which are considered to be restrictive under the Act are:

- Containment
- Seclusion
- Chemical restraint
- Mechanical restraint
- Physical restraint
- Restricting an adult's access to an object

Prior to implementing

If the Manager becomes aware of behaviour that could result in harm to the individual or others, standard investigation and behaviour management practices will be implemented.

Approval

If, after exhausting all other options, the Manager believes there is a need for restrictive practices the Chairperson will be contacted with the Manager's recommendation. The matter will be taken to the Management Committee to determine whether or not the Association is able to provide services under these circumstances.

Before the Association implements any plan for restrictive practices the adult's parent/carer/guardian will be asked to sign a letter of consent. Only when such consent is received will ongoing restrictive practices be implemented.

If consent is not given, support will cease.

Plans

Whenever a restrictive practice is approved a Community Access Behaviour Plan will be developed and will include a strategy for the reduction or elimination of the restrictive practice.

The person, his/her family and/or relevant members of their support network will be involved in the planning process and decision making. Everyone involved in this process will commit to substantial and vigorous follow through.

Notification

If the restrictive practice being used is containment or seclusion, the DS delegate must be notified within 60 days after first implementing the practice.

Skills and Knowledge

The Association will ensure that staff who use a restrictive practice have the necessary skills and knowledge to use the restrictive practice lawfully and appropriately.

Monitoring and Review

Use of any restrictive practice will be monitored regularly to safeguard against abuse, neglect or exploitation and reviewed at least once every nine months.

Record Keeping

Full records will be kept by the Association.