

Restrictive Intervention

Restrictive Practices

As a disability service provider, Interchange Outer East is obligated under the Disability Act 2006 (Victoria) and the [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#), to report the use of restraint (seclusion, chemical, mechanical, physical or environmental) within IOE services.

What is Restrictive Intervention?

The following information has been taken from the Disability Act 2006 Restrictive Intervention Guide – DHS and the [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#)

Restrictive intervention is defined in the Disability Act 2006 to mean 'any intervention that is used to restrict the rights or freedom of movement of a person with a disability including chemical, physical, mechanical restraint and seclusion.

The [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#) define restrictive practice to mean any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

	National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018	Disability Act 2006 Restrictive Intervention Guide – DHS
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 but does not include the use of devices for therapeutic or non-behavioural purposes.	The use, for the primary purpose of the behavioural control of a person with a disability, of devices to prevent, restrict or subdue a person’s movement but does not include the use of devices – (a) for therapeutic purposes; or (b) To enable the safe transportation of the person.
Chemical restraint	The use of medication or chemical substance for the primary purpose of influencing a person’s behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.	The use, for the primary purpose of the behavioural control of a person with a disability, of a chemical substance to control or subdue the person but does not include the use of a drug prescribed by a registered medical practitioner for the treatment, or to enable the treatment, of a mental illness or a physical illness or physical condition.

Seclusion	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.	The sole confinement of a person with a disability at any hours of the day or night- (a) in any room in the premises where disability services are being provided of which the doors and windows cannot be opened by the person from the inside, or (b) in any room in the premises where disability services are being provided of which the doors and windows are locked from the outside, or (c) To a part of any premises in which disability services are being provided.
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, consistent with what could reasonably be considered the exercise of care towards a person.	Using physical force to control a person's behaviour by preventing or restricting movement of any part of their body (and which is not physical assistance or physical guidance). Please see 'Physical restraint direction paper – Senior Practitioner' for a list of physical restraints that are specifically prohibited under the legislation. https://dhhs.vic.gov.au/publications/physical-restraint-direction-paper-senior-practitioner
Environmental restraint	That which restricts a person's free access to all parts of their environment, including items or activities.	

Requirements of Service Providers

For service providers to use chemical, mechanical, environmental restraint and/or seclusion they must meet certain requirements as identified in both the Act and the Restrictive Practices and Behaviour Support Rules. The requirements are as follows:

- ❖ The use of chemical, mechanical, environmental restraint or seclusion must be included in a behaviour management plan (behaviour support plan).
- ❖ A draft behaviour support plan must be provided to the senior practitioner from the Office of Professional Practice for a letter of authorisation.
- ❖ The authorised program officer from Interchange Outer East must approve the use of chemical, mechanical restraint and/or seclusion in the plan. A copy of the authorised plan is then provided to the NDIS Quality and Safeguards Commission.
- ❖ The authorised program officer must ensure the individual has access to an independent person to explain the use of restraint as outlined in their plan, as well as their right to a review of this decision by VCAT.

- ❖ A monthly report must be submitted to the NDIS Quality and Safeguards Commission identifying where restraint or seclusion has been used, on whom, by whom and how often, for that month.

What programs are affected?

All programs that have disability funding are legislated to meet the requirements of the Disability Act 2006 and the (National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018), including all requirements outlined in this document.

The only exception is restrictive intervention performed or administered by parents of participants, for example restrictive medication administered by parents during an in-home shift.

Responsibilities of Interchange Outer East

Behaviour Support Plan

A behaviour support plan (BSP) is developed for a participant and specifies a range of strategies to be used in managing the person's behaviour including proactive strategies to build on the person's strengths and increase their life skills.

There are two types of behaviour support plans - interim and comprehensive.

An interim plan focuses on the mitigation of risk for the person with a disability and the people around them, for short term management. An interim plan must be developed within one month of an individual commencing support/being subject to restrictive intervention.

A comprehensive plan includes a functional behaviour assessment and must be developed in consultation with the person with the disability, their support network and implementing providers. A comprehensive plan must include evidence based behavioural strategies and be aimed at reducing and eliminating restrictive practices. A comprehensive plan is to be developed within six months of an interim plan being put in place.

To enable best practice, IOE requires all participants requiring the use of restrictive intervention to have a BSP created prior to receiving services. The behaviour support plan is a component of an individual's support information. The plan must be created by a registered behaviour practitioner with the NDIS Quality and Safeguards Commission, in consultation with the person's family and/or any other relevant person or service that will contribute useful information to the plan.

The preference is that one behaviour support plan (BSP) is created by one practitioner/service and is then shared and used across all services involved in the support of the individual. This is to ensure continuity of support across settings.

Role of the Independent Person

On completion of the plan, an independent person must be available to assist the participant to understand the implications of their BSP. This is often the individual's family member, caregiver, guardian or close support. An independent person must not be an employee of Interchange Outer East (IOE) or a representative of IOE.

The independent person must assist the person with a disability to understand:

- The inclusion of the proposed use of restraint or seclusion in their BSP.
- That the participant can seek a review of the decision to include the use of restraint or seclusion in their BSP if the participant wants to do so.
- If the independent person believes the person with a disability is not able to understand the inclusion of the use of restraint or seclusion in their BSP and/or the requirements of the Disability Act (2006) are not being followed by the service provider, they can refer matters to the Public Advocate.

Letter of Notification

As per the requirements of the Disability Act (2006), a letter of notification is to be sent to parents and/or guardians confirming that the person's BSP has been approved by the IOE authorised program officer. It must state that restrictive intervention will be administered in accordance with the plan and that they have the right to have the decision reviewed by VCAT. The letter must be provided two days prior to receiving service and *upon subsequent reviews of the plan or after each 12 monthly review* of the plan.

Review of Behaviour Support Plans

Interchange Outer East is required to ensure that all BSPs inclusive of restrictive practices, that are used within the service, are reviewed by a registered behaviour practitioner at intervals of not more than 12 months. The authorised program officer or the senior practitioner can specify a shorter period if they feel it is necessary.

A behaviour support plan review must occur in consultation with:

- the person with a disability;
- their family or guardian;
- other specialist and/or disability service providers providing services to the person; and
- any other person that the person with a disability, their family or IOE considers integral to the review of the BSP.

Reporting

Participants subject to any form of restrictive practices require a restraint form (medication sheet for chemical restraint) to be signed off each time the restraint is used/administered. At the end of each month, all restraint forms (and medication sheets) must be returned to the IOE office. Restraint forms should be returned no later than the first day of each month. It is essential that each restraint form includes the person's name, date of birth, detail of

restraint/medication (see IOE Medication Policy for more information) and how many times during the day it was used/administered by staff, etc.

Incident Reports

An incident report must be completed if a PRN chemical restraint has been used or an unauthorised (emergency) restraint (physical, chemical, environmental, seclusion, mechanical) has occurred. Incident reports must be submitted as soon as possible and no longer than 48 hours after the incident has occurred. An emergency restraint form must also be completed and submitted with the incident report.

Submitting Reports to the NDIS Quality and Safeguards Commission

The authorised reporting officer for IOE must report the use of any restrictive practices for the month, within the first five business days of the following month, through the NDIS Quality and Safeguards Commission Portal.