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EFFECTIVE FROM: FEB 1ST 2023

Restrictive Practices

Purpose and Scope

- Provide clear guidance on using restrictive practices across all Adventure WA Support Services (AWSS).
- Align with National Disability Standards, especially Standard 1 Rights, promoting freedom of expression, self-determination, decision-making, while actively preventing abuse, harm, neglect, and violence.

Definitions

Restrictive Practices

Actions or "restraints" limiting a person's freedom.

Restrictive Practices include:

- Physical: Using body parts to prevent, restrict, or subdue another person's movement.
- Seclusion: Placing a person in a room or space against their will, unable to leave freely.
- Chemical: Administering medication to alter behavior, e.g., calming or inducing drowsiness.
- Mechanical: Devices used to restrict behavior (excluding medically prescribed therapeutic devices, like wrist splints).
- Environmental: Modifying living spaces to influence behavior, e.g., locking cupboards or removing items.
- Psycho-Social: Isolating individuals from activities, areas, or people against their will. Minimally restrictive
 psycho-social practices may be applied after attempting non-restrictive practices, considering individual and
 others' rights, and discussing the appropriateness of practices based on age, gender, disability, and specific
 conditions with the facilitator.

Policy

Reduction of Restrictive Practices

AWSS actively seeks to minimize and, where possible, eliminate the use of Restrictive Practices within its services.

Restrictive Practices are employed only when:

- Included and approved in a participant's Positive Behaviour Support Plan (PBS) by an Allied Health Professional.
- Moderate Restrictive Practice (like Time Out) is necessary for Behavior Management after non-restrictive attempts have failed.
- In emergency situations where immediate danger to the participant or others is present.

Limitation Acknowledgement

- AWSS recognizes Restrictive Practices aren't long-term behavioral solutions.
- Collaborative efforts with participant families will be made to develop alternative strategies, minimizing the use of Restrictive Practices.



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Duty of Care

Safety Commitment

- Staff must act reasonably to ensure safety and well-being for participants, colleagues, and volunteers under Duty of Care obligations.
- This commitment aligns with the law of negligence's minimum standard of reasonable action.

Restraint and Seclusion Considerations

- Duty of Care considerations are crucial when employing restraints or seclusion.
- Staff must exercise reasonable care to prevent harm or injury through action or inaction.
- Unreasonable actions or failure to act may constitute a breach of Duty of Care.

Training

Annual Training

- AWSS conducts annual Positive Behaviours and Team Teach Trainings.
- Attendance is mandatory for all facilitators.

Participants with Restrictive Practices in Positive Behaviour Support Plan

Coordinator's Assessment

- For participants with Restrictive Practices in their PBS, Coordinators assess the risk of their attendance at camps or programs.
- Participant guardians must supply a PBS signed by an Allied Health Professional.

Sharing of PBS

 If assessed as suitable, the participant's PBS is shared with camp or program Facilitators, ensuring understanding of when and how to apply the Restrictive Practice.

Training & Equipment

Facilitator Training

 Facilitators receive demonstrations or additional information from guardians or Allied Health Professionals as needed.

Equipment Provision

 Guardians must provide equipment related to Restrictive Practices (e.g., seatbelt lock) as AWSS does not own this equipment.



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Reporting & Reviewing

Incident Reporting

• Even if a Restrictive Practice is sanctioned in the PBS, its use during a camp or program must be documented in an incident report by staff.

Annual Review Requirement

- Participants' PBSs need annual reviews by an Allied Health Professional.
- Guardians must notify AWSS of any updates to the PBS at any time.

Moderate Restrictive Prace - Timeout

Description & Usage

- Timeout is a Moderate Restrictive Practice and is a milder form of restraint.
- It's utilized only when a participant's behavior can't be redirected otherwise, and under the Facilitator's direction.

Procedure

- The participant must be continuously supervised for safety.
- May involve temporary removal from an activity, with the participant sitting nearby.
- For severe disruption, might involve removal from the location (e.g., sent to room for five minutes to calm down), but never for more than five minutes.
- Followed by a calm discussion, reassurances, and positive reinforcement of corrected behavior.

Reporting & Review

- Incidents involving Timeout must be documented, with pre-Timeout strategies noted.
- Regular need for Timeout prompts coordinator-guardian discussion for alternative strategies or a possible PBS implementation.

Emergency Situation - Immediate Danger

Last Resort Practice

- Restrictive Practice is used as a last resort in emergencies where there's immediate danger to the participant
 or others.
- Facilitators primarily carry out these practices, considering the duty of care for all involved.

Physical Restraint

When Necessary

- Physical restraint is used in emergencies to prevent immediate danger, injury, or harm to participants, staff, or others.
- Examples include preventing a participant from running onto a road, self-injury, or harming others.

Physical Restraint : Continued on Next Page



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Physical Restraint: Continued

Guidelines

- The applied restraint must be the least restrictive option, effectively minimizing risk and safety concerns.
- Only the minimum force required for safety should be used, constituting the least amount necessary to prevent an action.

Duty of Care

Failure to intervene might breach the duty of care if restraint is necessary to prevent harm or danger.

Personal Safety

Safety First

- Engage in Restrictive Practices only if it doesn't compromise the safety of the individual applying it.
- If safety is compromised (e.g., a participant has a weapon), prioritize the duty of care for all, and call emergency services (000) or the police.

Incident Documentation

- Record each use of Restrictive Practice on an incident report form.
- Document all prior steps taken to manage the situation.
- If necessary, AWSS will conduct a debrief with the individuals involved.

Reporting & Debrief

Incident Documentation

- Record each use of Restrictive Practice on an incident report form.
- Document all prior steps taken to manage the situation.
- If necessary, AWSS will conduct a debrief with the individuals involved.

Reviewing and Outcome

Post-Incident Review

 Upon notification, the Coordinator/Manager engages in communication with parents or carers to discuss the incident and recommend outcomes.

Potential outcomes may include:

- Membership cancellation.
- Restriction on the types of programs the participant can attend.
- Collaboration with professionals for better behavior management strategies.

REVISIONS FEB 1st 2023 - ORIGINAL DRAFTED

NEXT REVISION DUE: 01/02/2024