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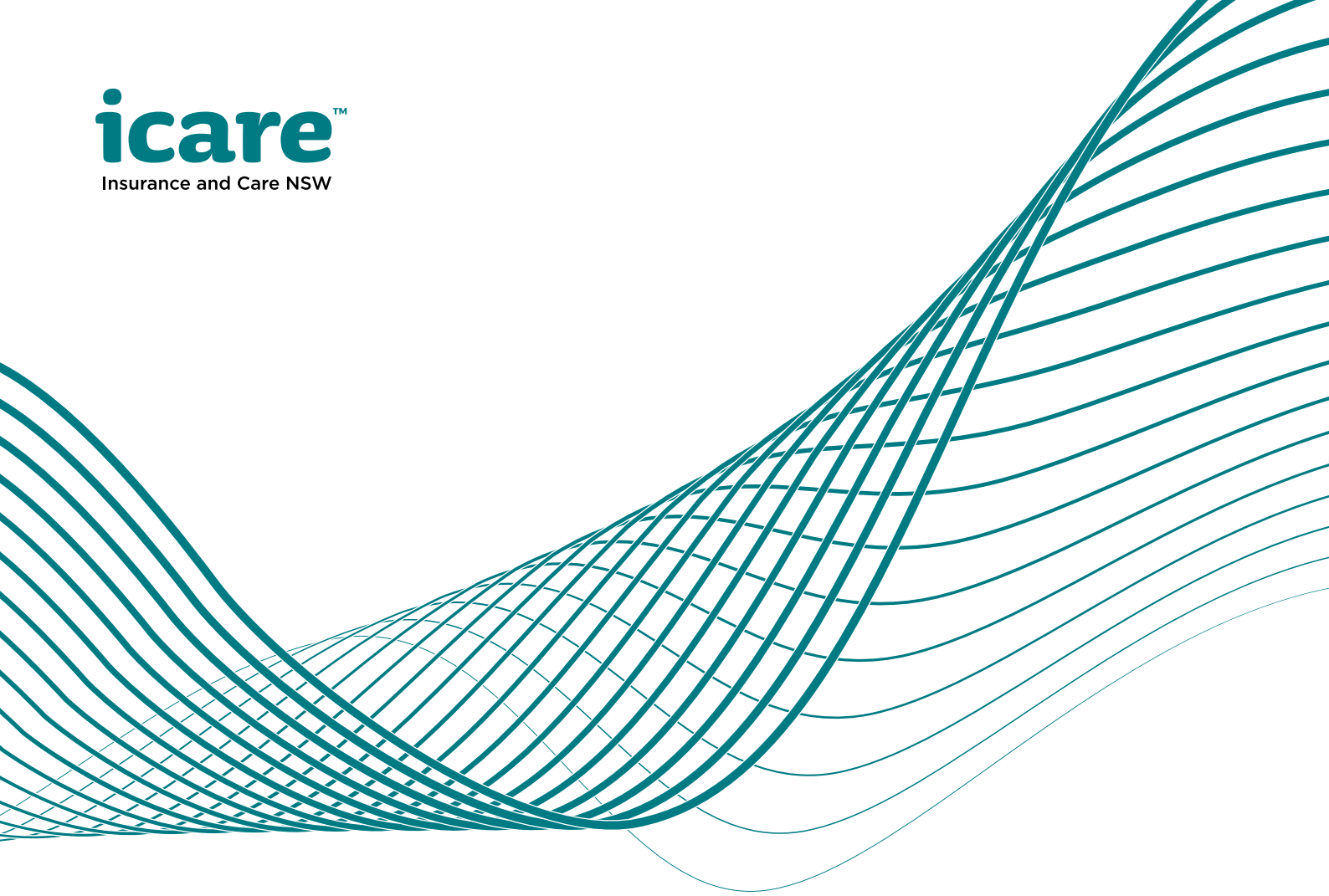

Restrictive Practices: Attendant Care Provider Practice Guide

20 April 2021

Version	Date	Authors	Summary of Changes
1.0	8 July 2019	Robyn Gleeson	Version 1
2.0	20 April 2021	Restrictive Practices Policy Review Working Party	Version 2 - updated to reflect revised policy and internal guidance
2.1	29 October 2021	Document Review Team	Update accessibility and Doc ID applied
2.2	26 November 2021	Anne-Maree Brookes	Update to interim approval timeframes in Section 20. Previous version incorrectly stated 5 months. Amended to 3 months

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1. Purpose and scope

This guide provides information to support attendant care providers to understand and implement the requirements of icare's Restrictive Practices Policy.

The Restrictive Practices Policy seeks to safeguard participants from human rights abuses and neglect while balancing the need to ensure their safety and that of others around them, including the attendant care team supporting them. It operates with the expectation that all participants with challenging behaviour have access to Positive Behaviour Support intervention that is developed in collaboration with the participant, their family and the people supporting them, including attendant care providers.

The policy outlines the responsibilities and processes for ensuring that Restrictive Practices are only used with icare participants with authorisation, and that where they are used, the Restrictive Practice is specific, time-limited, the least restrictive option available and subject to scheduled review.

The balance between human rights, dignity of risk, duty of care and work health and safety is complex. This practice guide seeks to support the attendant care team in the delivery of services to participants in this complex environment.

Please note that:

- *This document provides guidance on the application of icare's Restrictive Practices Policy to participants who live in NSW. There may be variation to processes for participants who reside interstate. Interstate requirements will need to be discussed with the icare contact on a case by case basis.*
- *Use of the term 'participant' in this guide includes people who receive support from the Lifetime Care and Dust Diseases Schemes and the Workers Care Program.*

2. Supporting participants with challenging behaviour

Challenging behaviours are behaviours of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and are likely to lead to responses that are restrictive, aversive or result in exclusion. Challenging behaviours can develop after TBI or from other conditions which cause cognitive impairment.

Challenging behaviours can often be well-managed by Positive Behaviour Support (PBS) strategies. A restrictive practice may be recommended as part of a PBS Plan to help address a challenging behaviour while other PBS interventions are implemented.

There are many factors to be considered by attendant care providers to ensure high quality support is delivered to participants with TBI or other cognitive impairment and challenging behaviour. These include ensuring that:

- your organisation is certified to deliver complex behaviour support as part of your ACIS 2018 certification scope.
- all new staff who join the participant's program receive both adequate induction training delivered by the provider and participant-specific training delivered by the treating team so they understand the participant's brain injury and its impact on their behaviour
- support workers have access to and understand the agreed strategies to respond to challenging behaviours as documented in the participant's PBS plan.
- support workers consistently implement the participant's behaviour support plan
- support workers consistently adhere to any behaviour reporting as agreed with the PBS practitioner to monitor any changes in behaviour
- a team approach is fostered where regular communication occurs between all stakeholders supporting the participant to encourage sharing of ideas and concerns.

3. Positive Behaviour Support (PBS) plans

It is critical that participants with challenging behaviour are referred to an experienced practitioner for development of a Positive Behaviour Support (PBS) plan to guide their support network in how to respond. This specialist intervention can be arranged by the participant's icare contact.

A PBS plan provides context and understanding of the participant's behaviour and may recommend the use of a Restrictive Practice while other PBS interventions are implemented.

A PBS plan should be informed by comprehensive behaviour analysis and be written in a way that assists support workers and the participant's family to understand and follow agreed strategies. A PBS plan should include:

- the likely causations or reasons for the participant's behaviour, the triggers, the impact of their environment on their behaviour and warning signs that support workers can observe that may indicate an escalation in behaviour
- pro-active or preventative strategies to be used by support workers to reduce the likelihood of challenging behaviour occurring and to strengthen the participant's use of alternative pro-social behaviours
- reactive strategies – how support workers are to respond when the participant's behaviour has escalated

Where a PBS plan recommends a Restrictive Practice, it is expected that all alternative strategies have been trialled or considered and that the recommended intervention is the least restrictive option available. PBS plans should also include strategies for fading out of any Restrictive Practices over time wherever possible.

It is important that the participant's attendant care team understand the Positive Behaviour Support plan and consistently apply the strategies recommended within it.

For more information about icare's approach to Positive Behaviour Support, please refer to the 'Positive Behaviour Support - Information for Service Providers guidance document available on the icare website

4. What is a Restrictive Practice?

icare has aligned its definitions of Restrictive Practices with the NDIS Quality and Safeguarding Commission. The definitions are:

Type	Description
Seclusion	The sole confinement of a person with disability, severe injury or another health condition 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
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.
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.
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. Chemical restraint includes both PRN and routine doses of psychotropic medications for behaviour.
Environmental restraint	A restraint that restricts a person's free access to all parts of their environment, including items and activities.

5. What is a Prohibited Practice?

A Prohibited Practice must never be used. A Prohibited Practice is any practice which interferes with a participant's basic human rights, is unlawful or unethical in nature, and is incompatible with the objects and principles of the Disability Inclusion Act 2014.

A Prohibited Practice includes any of the following:

1. Aversion: any practice which might be experienced by a person as noxious or unpleasant or potential painful
2. Overcorrection: any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the event occurred
3. Misuse of medication: administration of medication to a participant contrary to the instructions of the prescribing doctor for the purpose of influencing behaviour, mood or level of arousal. This includes giving medication which has not been prescribed for the participant, giving more medication than is prescribed or altering the time that the medication should be given to the participant
4. Seclusion of children or young people: isolation of a child or young person (under 18 years of age) in a setting from which they cannot leave or believe that they are unable to leave
5. Denial of key needs: withholding basic supports such as shelter, food, water, warmth, toilet facilities, clothing. This also includes any restriction from owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports
6. Unauthorised use of a Restrictive Practice: this is the use of any Restrictive Practice that has not been properly authorised, or misuse of a Restrictive Practice – that is, using a Restrictive Practice without adhering to the protocols outlined in the participant's PBS plan

Prohibited Practices include any practice that:

- is degrading or demeaning to the person
- may reasonably be perceived by the person as psychological abuse, harassment or vilification

6. Responding to use of a Prohibited Practice

Service providers must never use Prohibited Practices with icare participants. This includes unauthorised use of Restrictive Practices. Any breach of this policy by a service provider, its staff or contractors is considered an Adverse Event and must be reported to icare within 1 business day of it occurring.

The Adverse Event notification must include details of the steps being undertaken by the service provider to:

- Meet any mandatory reporting requirements (e.g. FACS or police)
- ensure the use of the Prohibited Practice will not occur again
- protect the participant/worker from further harm
- respond to the participant and their family to ensure their health and welfare following the event

The Adverse Event notification is to be reported to icare's Attendant Care Unit via email to: attendantcare@icare.nsw.gov.au

7. What does authorisation of Restrictive Practices mean?

Authorisation is the approval of a Restrictive Practice to be used by a service provider with a specific participant. Use of a Restrictive Practice needs to be authorised by a Restrictive Practice Authorisation (RPA) Panel.

Authorisation can only be used:

- with an individual participant
- in a specified service setting
- under clearly defined circumstances as part of a PBS Plan

Authorisation of a particular Restrictive Practice for one participant does not provide approval for use of the Restrictive Practice with other participants supported by the same provider.

Example:

Authorisation given to ABC Care to lock the kitchen knives away due to Mr Jones's impulsivity and recent history of unsafe use of kitchen equipment, does not mean that ABC Care can adopt this approach for other participants they support who have impulse control issues.

8. icare's authorisation requirements

icare has three mandatory requirements which must be met before a Restrictive Practice can be authorised. These are:

1. A PBS Plan must be developed by a PBS Practitioner and include the Restrictive Practice as a recommended strategy.

2. Specific, informed consent for the use of the Restrictive Practice must be given by the participant or an individual, such as a guardian who has the authority to provide consent.

3. Authorisation for the Restrictive Practice must be given by a Restrictive Practice Authorisation (RPA) Panel.

9. Consent

Specific, informed consent is required before a Restrictive Practice can be authorised for use. The PBS practitioner has primary responsibility for confirming consent to any restrictive practices they are recommending.

For participants under the age of 16, consent for use of a Restrictive Practice must be given by the parent or their legal guardian. For participants aged 16 and over, consent must be given by the participant themselves if they have capacity, or by a legally appointed Guardian with a Restrictive Practices function.

It is important to note that individuals who are appointed as the participant's 'enduring guardian' or who are nominated as the participant's 'person responsible' only have authority to consent to Restrictive Practices being used if they have been granted a specific Restrictive Practice function by the Guardianship Division of the NSW Civil and Administrative Tribunal (or the relevant body in the participant's state).

In most circumstances, if the PBS practitioner or another stakeholder believes that a participant does not have the capacity to provide informed consent to a Restrictive Practice, and there is no guardian with the legal authority to consent, an application to the Guardianship Division of the NSW Civil and Administrative Tribunal (or the relevant body in the participant's state) for appointment of a guardian with a Restrictive Practice function will be required, before authorisation of a restrictive practice can be considered.

10. Restrictive Practice Authorisation (RPA) Panel

A Restrictive Practice Authorisation (RPA) Panel is a meeting that icare arranges to review any proposed use of a Restrictive Practice with a participant. The meeting can be face-to- face or virtual. icare is also responsible for, chairing, documenting and distributing the outcomes of the panel meeting.

The panel meets to review the PBS plan and discuss the proposed behaviour management strategies, including any proposed use of Restrictive Practices. The panel also determines whether the proposed Restrictive Practice/s should be authorised, in what circumstances, and for how long.

The panel discusses the proposed use of Restrictive Practices in the context of the support being provided, the level of the risk to the participant or others such as support workers, as well as the appropriateness of the strategy to achieve the intended outcomes. The panel gives consideration to:

- whether the proposed strategy is the least restrictive option available
- whether the strategies within the PBS plan contain the right balance between human rights, dignity of risk and the service provider's duty of care and responsibilities under work health and safety legislation to provide a safe workplace for its employees
- how the PBS plan strategies will be implemented and monitored
- the plan to reduce or eliminate the use of Restrictive Practices for the participant.
- whether the participant or guardian (with appropriate restrictive practice authority) has provided consent to the PBS plan and the strategies included in it

As a minimum, the following people involved with the participant must attend the meeting:

- the participant or their guardian, wherever possible and appropriate
- the icare contact
- the external case manager (where one is involved)
- the practitioner who developed the participant's PBS plan
- any therapist prescribing equipment (or practices) which may be considered a Restrictive Practice
- a Senior Manager (or nominated representative – e.g. a clinical manager) of the service provider involved in implementing the behaviour support plan

Other attendees at an RPA Panel may include:

- an independent PBS practitioner
- the icare Team Leader and/or Regional Manager

11. Independent PBS practitioners at RPA Panels

An independent PBS Practitioner must be engaged to attend the RPA panel if the PBS practitioner who wrote the plan is an employee of the attendant care provider.

For other panels, involvement of an independent practitioner is highly encouraged as they can play a valuable role in enriching the analysis and consideration of the proposed Restrictive Practice, especially where there is contention about ongoing or proposed use.

The icare contact is responsible for organising the attendance of an Independent PBS Practitioner.

12. Authorisation of a restrictive practice by an RPA panel

The panel must reach a decision about whether to authorise the Restrictive Practice. The decision to authorise a Restrictive Practice must be unanimous. Where agreement cannot be reached, the Restrictive Practice remains 'unauthorised' and cannot be used.

The panel should discuss the implications of not authorising the Restrictive Practice for the participant and others providing support to them, including the risk that the service provider may be unwilling or unable to continue providing services if they consider that the risk to workers is unacceptably high.

If the panel decides to authorise the use of a Restrictive Practice, it needs to specify the context, any conditions and the length of time for which the authorisation applies. The authorisation period cannot exceed 12 months.

Within 5 business days of the panel, the icare contact will document the meeting outcomes and distribute these to everyone who attended the panel meeting.

The icare contact is responsible for organising any follow-up RPA panels throughout the approval period that were agreed at the panel meeting, for example to monitor progress with fade out strategies. icare will also arrange for the PBS practitioner to review the PBS Plan prior to the expiry of the authorisation period. icare will organise another RPA Panel if restrictive practices continue to be recommended after the original authorisation period.

13. Discharge planning and Restrictive Practices

icare recognises that hospitals have their own policies and procedures in relation to patient consent and duty of care in the inpatient setting. The Restrictive Practices Policy applies once participants have left the inpatient setting however it is important that the requirements of the policy and participants' behaviour support needs are considered during the discharge planning process.

Attendant care service providers may often be asked to accept referrals with little background information about a participant's behaviour support needs. We acknowledge that this can cause challenges for both the participant and the attendant care provider as the participant's support needs will be poorly understood and difficult to plan for.

Where information has been provided that indicates a participant may be displaying challenging behaviours as an inpatient, the attendant care provider should, with the support of the icare contact:

- seek as much information as possible about the participant's behaviour support needs from icare, the external case manager (where engaged) and the inpatient team. This includes information about the participant's communication needs and the behaviour management strategies used during their inpatient stay.
- consider the possibility of utilising "weekend leave" prior to discharge to observe how the participant responds in their own home environment as both the inpatient setting and the home may contain environmental triggers that could impact their behaviour.
- closely liaise with the external case manager (if one is involved) and the icare contact to plan for early PBS intervention when challenging behaviours are identified on a participant's return home.

14. Using a Restrictive Practice in a one-off crisis response

From time to time, attendant care service providers may need to respond to a crisis where there is a clear and immediate risk of harm linked to the participant's behaviour. This might be a new behaviour or an escalation of behaviour that has not been encountered previously and there is no PBS Plan in place.

In these circumstances, use of a Restrictive Practice may be considered necessary under the service provider's duty of care to manage the risk. Where this occurs, the use of the practice is **unauthorised** and constitutes an **Adverse Event** which must be reported by the provider to icare's Attendant Care Unit within one business day of the event occurring.

This should be done via email to attendantcare@icare.nsw.gov.au.

A Restrictive Practice should only be used in this way after the service provider has tried to de-escalate the situation using non-restrictive strategies. The service provider should use the minimum amount of restriction or force necessary, the least intrusion and apply the strategy only for as long as is necessary to manage the risk. This type of response should never be used as a de-facto routine behaviour support strategy.

15. Interim Authorisation of Restrictive Practices by the attendant care provider

Where a provider anticipates that a Restrictive Practice will be needed more than once, it must be included in an interim or comprehensive PBS Plan and authorisation for its further use must be sought.

If a significant delay is anticipated in an RPA Panel being convened to consider a Restrictive Practice recommended in the PBS Plan, a Senior Manager from the attendant care provider can provide interim authorisation for its use, if they are confident that the following requirements are satisfied:

- the practice has been recommended in the participant's PBS Plan
- informed consent for the restrictive practice has been provided by the participant or their guardian
- they specify the length of time for the interim authorisation, (max. 3 months)

Other important factors for providers to consider include:

- Risks to the participant or others
- Whether the behaviour can be managed using less restrictive approaches
- Whether the strategies in the PBS Plan are being implemented appropriately?

Providers must communicate a decision to provide interim authorisation by completing and submitting the Interim Authorisation Form to the Attendant Care Unit via email at attendantcare@icare.nsw.gov.au.

16. Requirements for equipment prescription where Restrictive Practices are involved

From time to time, equipment is prescribed for participants for the primary purpose of influencing their behaviour, as distinct from equipment prescribed for therapeutic or non- behavioural purposes.

Equipment prescribed with the primary purpose of influencing a person's behaviour is likely to be a Restrictive Practice and the use of this equipment must be authorised by an RPA Panel.

If attendant care providers have any concerns that the use of prescribed equipment for a participant may constitute a Restrictive Practice, this should be discussed with the icare contact.

17. Chemical restraint

Chemical restraint is the use of medication or a 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 a diagnosed mental disorder, a physical illness or a physical condition. Chemical restraint includes both PRN and routine doses of psychotropic medications for behaviour management.

The PBS practitioner has an important role in liaising with the participant's medical practitioner about any medication that has been prescribed for managing or influencing behaviour, discussing options for reducing their use and documenting this in the PBS plan.

Support workers are responsible for administering medication to participants in accordance with the medical practitioner's prescription and in accordance with the scope of their role. Any misuse of medication– that is, administering or withholding the medication against doctor's prescription - is a prohibited practice.

Where service providers have concern that a prescribed medication may be a chemical restraint, the service provider should raise this with the icare contact. icare will review the medical practitioner's reports and determine whether the participant needs to be referred to a PBS practitioner for review of the behaviour management strategies, with the aim of reducing or eliminating the use of any Restrictive Practices.

Where an RPA Panel is convened in relation to the use of chemical restraint, it is the medical practitioner's responsibility to ensure they have obtained consent in line with legislative requirements. Engagement of the medical practitioner in the RPA Panel meeting is recommended where possible.

18. Services provided in other settings

If providers observe the use of Prohibited or Restrictive practices in other service settings such as aged care facilities or educational institutions, this should be reported to the participant's icare contact so there can be discussion about the best approach to adopt in these complex situations.

While icare's approach to these situations will depend on the circumstances, the initial approach is likely to involve the icare contact sharing icare expectations regarding the use of restrictive practices and to enquire about any local authorisation requirements.

The aim is to work together to agree on the most appropriate authorisation and review processes to be undertaken in each case.

19. Use of Prohibited or Restrictive Practices by family members

icare considers it best practice for family members to be engaged in the development and review of PBS plans, so they have input into the plan and can learn skills and strategies to support the participant.

icare's Restrictive Practices Policy does not apply to family members providing informal support to participants, however service providers must not follow directions given by a family member to use unauthorised Restrictive Practices with the participant.

Any concerns about the use of Restrictive Practices by family members should bediscussed with the participant's icare contact.

Service providers also need to fulfil their obligations associated with mandatory reporting for any observed abuse, neglect or unlawful treatment of children or people with a disability.

20. Summary of authorisation requirements

icare has defined requirements for authorisation of Restrictive Practices in each category. These requirements are summarised for each category in the table below:

Restrictive practice	Approval	Supporting evidence	Author	Authorisation	Consent
Seclusion	Interim (3 months)	• Interim Positive Behaviour Support Plan	Practitioner	Service provider's Senior Manager	U18: Prohibited +18: Either: • The person if has capacity • Guardian with RP function
	General	• Positive Behaviour Support Plan • Functional Behaviour Analysis	Practitioner	RPA Panel	
Physical restraint	Interim (3 months)	• Interim Positive Behaviour Support Plan	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either: • The person if has capacity • Guardian with RP function
	General	• Positive Behaviour Support Plan • Functional Behaviour Analysis	Practitioner	RPA Panel	
Mechanical restraint	Interim (3 months)	• Interim Positive Behaviour Support Plan	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either: • The person if has capacity • Guardian with RP function
	General	• Positive Behaviour Support Plan • Functional Behaviour Analysis	Practitioner	RPA Panel	

Restrictive practice	Approval	Supporting evidence	Author	Authorisation	Consent
Chemical restraint	General	• Positive Behaviour Support Plan • Functional Behaviour Analysis • Medical report	Practitioner Medical practitioner	RPA Panel to note including any actions to seek medical review of usage	Medical practitioner to obtain consent: U16: Parent/Guardian +16: Either: • The person if has capacity • Guardian with RP function
Environmental restraint	Interim (3 months)	• Interim Positive Behaviour Support Plan	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either: • The person if has capacity • Guardian with RP function • RPA Panel mechanism if requirements in Policy Section 7.3 are met
	General	• Positive Behaviour Support Plan • Functional Behaviour Analysis	Practitioner	RPA Panel	

21. Responsibilities

Role	Responsibility
icare	• ensure all participants with challenging behaviour secondary to TBI or other cognitive impairment have access to a PBS (PBS) intervention and an up-to-date PBS Plan. • actively review all instances of reported restrictive practices in consultation with the participant's treating team and attendant care provider • support providers to understand their obligations in relation to the Restrictive Practices Policy • coordinate Restrictive Practice Authorisation (RPA) Panel meetings where a restrictive practice has been recommended in a PBS Plan • if engaging the services of an independent PBS specialist to support the RPA Panel, ensure the specialist receives adequate notice to allow for comprehensive review of the relevant file documentation coordinate documentation of the minutes of RPA panel meetings with support from the Team Leader or colleague as appropriate including saving onto participant file • distribute RPA Panel Outcome Letter to all panel attendees and the Regional Manager • support the PBS practitioner to confirm consent from an appropriate party for use of any restrictive practice • identify equipment requests that may indicate a restrictive practice is being considered. A PBS plan that includes the restrictive practice as a recommended strategy and authorisation via an RPA Panel is required • to support these equipment funding decisions.
PBS Practitioner	• develop a PBS Plan with the participant in consultation with their family (where appropriate) and the service providers delivering support • deliver PBS intervention in line with the best practice principles outlined in the guide available on the icare website (PBS: Information for Service Providers) including: ◦ develop plans based on comprehensive assessment of a participant's behaviour that have a focus on the least restrictive interventions ◦ provide training in PBS plan implementation to family members and service providers delivering support ◦ monitor, review and update the PBS plan as required. • participate in RPA Panel meetings • liaise with the prescribing medical practitioner(s) in relation to suspected or recommended chemical restraint • ensure appropriate informed consent is obtained for any recommended restrictive practice
Attendant care provider	• implement PBS strategies during service delivery as directed by treating practitioner and in line with PBS plan • participate in agreed PBS monitoring programs as set up by the PBS practitioner to support future review of authorised restrictive practices • only implement restrictive practices with participants where these have been authorised via an Interim Authorisation or by an RPA Panel. • report any use of a prohibited practice or use of an unauthorised restrictive practice to icare's Attendant Care Unit as an Adverse Event within 1 business day of the event occurring. • actively participate in RPA Panel meetings

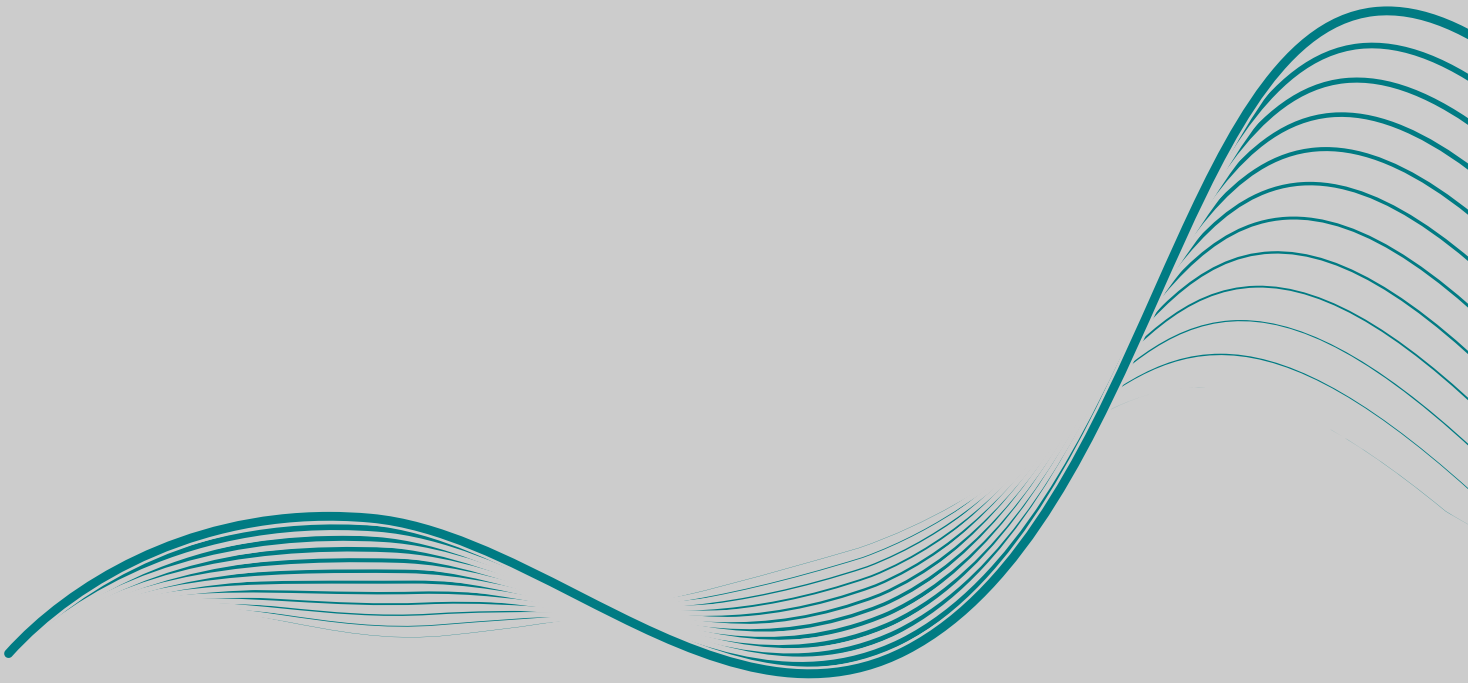
Role	Responsibility
Prescribing therapist (equipment)	• participate in RPA Panel meetings where the use of prescribed equipment constitutes a restrictive practice
Independent Positive Behaviour Support Practitioner	• a mandatory attendee at RPA panels where the PBS practitioner is employed by the attendant care provider who will be implementing any authorised restrictive practices • review relevant PBS and restrictive practice documentation as supplied by the icare contact in advance of the RPA panel
Attendant Care Unit	• receive Adverse Event reports from attendant care providers • provide support to attendant care providers in implementing the Restrictive Practices Policy

22. Authorisation practice and governance support

The use of Prohibited Practices, including the unauthorised use of Restrictive Practices with icare participants poses an immediate or serious risk of harm to the participant and to the reputation of icare.

Breaches of the policy will be managed by icare in accordance with contract requirements, depending upon the nature and seriousness of the situation.

All icare approved attendant care service providers are also required to be certified to defined quality standards. Providers approved to deliver services to participants under the Cognitive and Behaviour Support category must ensure that they have the appropriate scope to deliver complex behavioural support.



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