

DOCUMENT HRP018

Positive Behaviour Support and Restrictive Practice Policy

THIS DOCUMENT SHOULD BE READ IN CONJUNCTION WITH POSITIVE BEHAVIOUR SUPPORT AND RESTRICTIVE PRACTICE PROCEDURE

Document Information and Revision History			
Document Owner		Community Connection Incorporated	
Approved By		Manager and Management Board	
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January 2011	March 2015	Management Team	Replacement of Restrictive Practices Policy Sept 2014 – Rewrite and to standardise policy framework.
July 2016	January 2018	Rhonda	Format Change

1. REFERENCES

National Standards for Disability Services (also compliant with HSQF)

1. Rights: The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.

2. Participation and Inclusion: The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.

2. COMMUNITY CONNECTION INCORPORATED'S POSITION

2.1 Some individuals with a cognitive or intellectual disability exhibit severely challenging behaviours. This is behaviour that causes physical harm to themselves or others, or represents a serious risk of physical harm to themselves or others. Community Connection Incorporated acknowledges there will be occasions when an individual's behaviour will necessitate the use of restrictive practices.

2.2 Our key aim with this policy and associated procedure document is to provide a framework to reduce or eliminate the use of restrictive practices and to help these individuals improve their lives and participate more actively in their communities.

2.3 Community Connection Incorporated:-

2.3.1. Believes that the management of difficult and challenging behaviour is an activity requiring decency, honesty, humanity and respect for the rights of the

individual, balanced against the risk of harm to themselves, our employees and others. Restraining any challenging behaviour will only be used when:

- the individual and any interested person (stakeholders such as family, guardian, doctors, lifestyle assistant etc.) are consulted and are able to express their views in relation to the support plans and restrictive practice(s);
- the type of restraint(s) have been identified and agreed upon;
- a “positive behaviour support plan” is in place;
- a statement has been provided to the individual and stakeholders involved ;
 - the statement will include how the individual and the interested person can make a complaint about, or seek review of, the use of restrictive practice.
- it is reasonable to do so;
- where there has been appropriate training given;
- where approval has been sought and sanctioned from Clinical Services, Guardians, QCAT and any other relevant authorities under legislative requirement.

2.3.2 Pledges that restraint/restrictive practice(s) will only be considered when all other practical means of managing the situation, such as de-escalation, verbal persuasion, voluntary ‘time out’, or gaining consent to taking medication, have failed or are judged likely to fail in the circumstances. The self-respect, dignity, privacy, religion, belief, cultural values, race, and any special needs of the individual will be considered.

2.3.3 Has systems and processes to review all incidents where restraint is deployed, to ensure that the restraint used is reasonable, proportionate and necessary.

2.3.4 Has systems and processes in place to identify, assess, control and review any risks to health and safety (for example implementing a fire safety evacuation procedure and plan.) Our focus is on prediction through risk assessment and prevention through de-escalation.

2.3.5 Will monitor and evaluate the “positive behaviour support plan,” systems and processes in place, in collaboration with our employees and any relevant stakeholders, to ensure continuous improvement.

2.4 Restrictive Practice(s) include:

- Containment
- Seclusion
- Chemical restraint
- Mechanical restraint
- Physical restraint
- Restricting an individual’s access to an object.

3. PURPOSE

This policy and associated procedure document is intended to provide guidance for managers, staff and stakeholders in relation to the nature, circumstances and use of restrictive practice, with individuals receiving support, with Community Connection Incorporated. It sets out a framework of positive behaviour support and restrictive practice that will allow our staff to ensure that the support and/or treatment that they are offered is planned, lawful, necessary, proportionate, and the least restrictive option reasonably available. The issues therein will be applied in conjunction with principles of dignity, equality, respect and fairness.

Our aim is to help all involved act appropriately in a safe manner to ensure effective responses in potential or actual difficult situations.

The policy and associated procedure document is applicable to all employees and persons within Community Connection Incorporated and others who are acting on behalf of the Organisation.

4. CONTRAVENTION

Any breach of these guidelines will be treated as a serious matter and may result in disciplinary action depending on the level and nature of the breach. Disciplinary action that may be taken includes, but is not limited to, the issuing of a formal warning, directing people to attend mandatory training, suspension from the workplace and termination of employment.

Where appropriate, breaches of the law will be reported to the police.

5. RESPONSIBILITIES

Restraint should be proportional to the risk of the situation. The method used should be the least restrictive, and should be effective and safe. Inappropriate use of restraint may be viewed as a form of abuse. When restraint is used, it should be considered in a systematic and planned way according to the specific needs of the individual.

To use restraint appropriately, a risk assessment must be performed and the situation reviewed regularly. Full records should be kept of the review process.

Whilst employees may be expected to use restraint (under the framework of this policy and associated procedure document) where they can see that the individual might harm themselves or others, staff cannot be expected to remove all risks from an individual's life. To provide an environment of support where an individual has a reasonable degree of freedom, some degree of risk must be considered acceptable. Each person should be individually assessed so that his or her Positive Behaviour Support Plan minimises dangers from risk.

The Manager and the Lifestyle Facilitator will be responsible for:

- Ensuring awareness and compliance with this policy within the work areas and take all reasonable practicable measures to protect the safety and well-being of individuals, employees and others;
- communicating and implementing its contents to the staff;
- ensuring appropriate management plans are in place for all individuals who have been assessed as posing a high risk of aggression, violence or harassment. All such plans must be brought to the attention of all relevant staff and stakeholders;
- ensuring staff involved in (or witness to) restraint are offered support, either via their line manager or via the "On Bundock" Counselling and Consultation Services;
- identifying any areas under their control where individuals may be at particular risk;
- ensuring risk assessments are undertaken and communicated;
- ensuring staff are trained in the relevant preventative measures in the workplace and that facilities are available for use of alternative methods of intervention;
- Liaising and communicating with the individual and stakeholders to agree a Positive Behaviour Support Plan;
- Draft a statement for submission to the individual and stakeholders;
- Submit the required documentation and plans to Clinical Services, Guardians, QCAT and any other relevant authorities under legislative requirement for approval;
- Implement and review the plan as part of a continuous improvement initiative.

The Management Team will:

- Implement and communicate this policy and associated procedure documentation and ensure that the contents of the documents are brought to the attention of employees where appropriate and relevant to their work.
- Apply the relevant policies and disciplinary procedures in the event of breaches.
- Report to the Management Committee any significant instances of a breach of these guidelines.

All Employees will:

- Read this policy.
- Report any suspected breaches of the policy to the Manager/Management Team.

The Management Board will:

- Read, interpret, contribute (if required), provide feedback (if required) and approve this policy.