

Practical Applications of the Senior Practitioner's Direction on Physical Restraint

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Intent of direction

This is a direction issued by the Senior Practitioner under s.150(2)(e) of the Disability Act. This direction:

- prohibits the use of specific types of physical restraint listed in this direction
- prohibits the use of other types of physical restraint by disability service providers on people with a disability, except as provided for under this direction
- specifies the process for obtaining the Senior Practitioner's approval for using physical restraint under this direction.

Who does this direction apply to?

- All disability service providers defined in the Act when a disability service is being provided to a person.
- Includes children and young people with a disability in receipt of a service provided by a disability service provider.
- Employers of disability services and their employees (such as management, support professionals, clinical practitioners and trainers) and includes volunteers.

What does this direction mean for disability service providers?

- Disability service providers are required to comply with this direction
- This may also mean further development of a disability service provider's current practice manuals, policies and procedures where relevant

What is a physical restraint?

- A physical restraint is a type of restrictive intervention under s.150 of the Act.

*Physical restraint means the use, for the primary purpose of the behavioural control of a person with a disability, of **physical force** to prevent, restrict or subdue movement of that person's body or part of their body, and which is not physical assistance or physical guidance.*

What is physical assistance or physical guidance?

- Physical assistance or physical guidance is **not** physical restraint as defined in the direction.
- Physical assistance or physical guidance means the use, for the purpose of the wellbeing and support of a person with a disability, of **non-coercive** physical contact to enable activities of daily living or for therapeutic purposes.

Physical Assistance & Physical Guidance

Physical assistance or physical guidance include, but are not limited to:

- performing activities of daily living, such as physically assisting a person with dressing or shaving
- developing or acquiring new skills, such as physically assisting a person to prepare dinner where it may involve physically guiding the person's hand to use a kitchen knife to cut vegetables
- learning, adapting or performing activities as part of a therapy program, such as physically holding on or physically guiding a person in a swimming pool because they are not able to swim independently, or implementing a physiotherapy program



Physical Assistance & Physical Guidance

- ensuring a person's safety when the person is engaged in certain stereotyped movements, such as guiding a person who is fixated on finger flicking away from the road
- complying with 'duty of care'. It is important to consider (a) the extent of the use and (b) the reasonableness in the circumstances of physical force during physical assistance or physical guidance as this may constitute physical restraint.

Careful consideration and planning must be given when escorting a person to a seclusion room if physical restraint is part of escorting the person. If physical restraint is being considered as part of the escort then this direction and its requirements apply.



Examples

A person who is led into the bathroom for a shower (physical assistance) but the force applied to lead the person into the shower is excessive and the person's arm is bruised (physical restraint).

A person with a disability who is escorted or directed to another activity or a room (physical assistance) but the force applied is excessive (physical restraint), leading to a soft tissue injury, pain or psychological harm (physical restraint).



Most recent data on physical restraint

Region	Number of times
Barwon South Western	1
DHS North & West Metropolitan Region	10
Eastern Metropolitan	5
Gippsland	2
Grampians	4
Loddon Mallee	4
Southern Metropolitan	3



Funded Assessments so far

Communication Assessments-\$1650

Swallowing Assessments-\$770

Sensory Assessments-\$4290

Clinical support \$32,400



Frequently asked questions

Is holding someone's arm whilst cutting their fingernails physical restraint?

- Is the purpose of nail cutting for general personal care reasons? If it is, then this is not reportable.
- Has the cutting of nails been suggested as a result of physical injury to others? If yes, have less restrictive interventions been tried?
- Has a behaviour support plan been developed working towards the least restrictive approach as required by section 141 of the Act?
- Has the procedure been adequately explained? Have social stories or other communication devices been utilised to do this?



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- Behavioural interventions similar to those described for blood tests may be suitable for nail cutting with necessary modifications.
- What level of physical restraint is proposed be used and is this reasonable? While not an exhaustive example, needing four adults to hold a person down to cut their nails would be considered unreasonable in the circumstances.
- The use of excessive force causing distress and injury to the client and staff is not reasonable.

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If you link arms or hold someone's hand in a public place is this physical restraint?

If hand on hand guidance or linking arms is the appropriate method of accessing the community then this would be considered physical assistance or physical guidance as defined on page 2 of the Direction Paper. The developmental and age appropriateness of the type of guidance provided are necessary considerations. If this practice is used, the disability service provider will be expected to develop a plan which incorporates a teaching and skill-building component to reduce the need for physical guidance when accessing the community.

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What category of incident reporting should physical restraint be reported as?

- Staff should refer to the existing guidelines for incident reporting using the categories and descriptors provided.

Is the use of release techniques considered physical restraint?

- If the intent of any physical contact is to use a technique previously taught as part of response training to physically disengage with a person with a disability, this is not physical restraint as these techniques are not designed, nor intended, to be used to engage in the physical restraint of a person.
- Actions such a physical escort to enable seclusion are reportable because coercive physical force is required (see page 2 of the Direction Paper).

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Tip Sheet (EMR)

Did you know?

Research has shown that a key factor in reducing the fears of people with disabilities undergoing medical procedures is being with a support person that they know and are comfortable with.

We now know lots more about how best to support people who struggle with medical procedures. For more information, please contact Danielle Clark by phone (Fridays only)

9843 6645 or email Danielle.clark@dhs.vic.gov.au

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Did you know?

Unlike other restrictive interventions (such as chemical or mechanical restraint) which can be approved by the Authorised Program Officer (DAS Managers), physical restraint can only be approved by the Senior Practitioner.

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Blood Testing (and Physical Restraint?)

Starting from the point.....

..... **“NO ONE LIKES NEEDLES BECAUSE THEY HURT”**

(unless you are a little bit weird)

..... but most of us learn to cope, because it's important..

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Fear of Blood Testing

.....but some people don't learn to cope.

- Approx. 10% of the adult population have a fear of injections that will cause them problems (Trypanophobia).
- Can be associated with being restrained when younger.
- Can involve the fear of the needle itself.
- Can extended to a fear of watching others get injections.
- Can extend to fear of doctors.



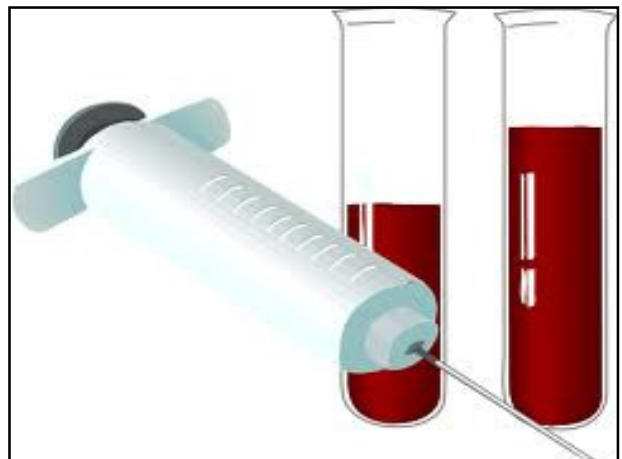
Fear of Blood Testing

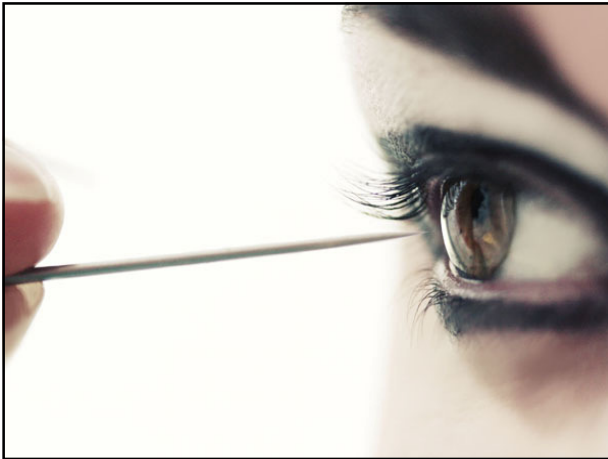
- Can extend to “fear of fear” (anticipatory anxiety) = “the belief that you have all the information you need to predict a future you dread”.

Even talking about going for a blood test can be enough to provoke the first signs of fear.



Audience Survey





Fear Reactions

1. Freezing or hyper-vigilance (stop, look and listen)
2. Flight / escape / avoidance
3. Fight, once flight has been exhausted
4. Fright (even tonic-immobility)

Physical Signs of Fear

Other than fear behaviours, you might observe:

1. Eyes: dilated pupils
2. Heart: Increased heart rate and force > might appear as bulging veins, flushed look or sweating.
3. Lungs: fast or large breaths
4. Digestion: upset stomach

Fear Levels to Blood Testing

- First level: Most people don't like it but learn to cope.
- Second level: Some people struggle with the experience but can cope either by themselves or with the support of others.
- Third level: A few people experience a major fear or phobia and require a planned psychological treatment designed by an appropriately trained professional.

Why seek professional support for Third Level people.

If we restraint or otherwise force blood tests on people who have a Third Level reaction, we might risk:

- Provoking people into a major "fight" response.
- Causing major disruption to the overall emotional well-being and make it more likely they will try to avoid the next time.
- Re-traumatisation.
- Disrupting the blood levels that are being measured.

What we can do to support Second Level people

1. Talk to the person's doctor:

Sometimes an anti-anxiety medication

Sometimes an anaesthetic cream on the skin might help

..... But sometimes nothing can be used because it can interfere with the test.

What we can do to support Second Level people

2. On the day of the blood test, you might help by talking to the professional conducting the blood test to:
- Arrange for a home visit.
 - Explain the situation and alert them to the person's level of anxiety.
 - Arrange for other, less intrusive medical procedures to occur first, eg blood pressure test.

What we can do to support Second Level people

2. On the day of the blood test, you might help by talking to the professional conducting the blood test to:
- Have the tester use a little pressure when swabbing.
 - Arrange an exact time for testing.
 - Prepare equipment out of sight.

What we can do to support Second Level people

3. Some people benefit from knowing beforehand what is happening. Some people need to be talked through the stages. A social-story that can be taken to appointments may assist the person understand what is happening next.
4. A person may be comforted by having favourite support staff with them.
5. Organizing some pleasant activities before and after the blood test may even-out the experience of the day.

What we can do to support Second Level people

4. If a small degree of physical restraint, such as gently holding the person's arm steady, is all that is required then a well prepared plan is all that is necessary for essential blood tests.
5. If you have any doubts about the level of physical restraint you might have to use, then talk to the Office of the Senior Practitioner.

Example of good practice

KEY POINTS

- Fear is normal but some people experience problematic levels of fear.
- Assessing the persons history will usually give the answers about what support is necessary.
- Sometimes specialist interventions will be necessary to address phobia level responses of a small number of people.
- Thoroughly planned, simple, everyday strategies will usually be enough to support most people.
- *Physical restraint should be the last choice.....but may be unavoidable. Seek advice if unsure.*

1. Direction under section 150(2)(e) of the Act

1.1 Disability service providers are prohibited from using physical restraint in the course of providing a disability service, except as permitted under this direction.

1.2 Without intending to be an exhaustive list, the following physical restraint types or interventions are specifically prohibited:

Prohibited physical restraint types

- (a) the use of prone restraint (subduing a person by forcing them into a facedown position)
- (b) the use of supine restraint (subduing a person by forcing them into a face-up position)
- (c) pin downs (subduing a person by holding down their limbs or any part of the body, such as their arms or legs)
- (d) basket holds (subduing a person by wrapping your arm/s around their upper and or lower body)
- (e) takedown techniques (subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support)

Prohibited physical restraint types

- (f) any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning
- (g) any physical restraint that has the effect of pushing the person's head forward onto their chest
- (h) any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.

2.1 Disability service providers must not apply any physical restraint to a person with a disability, except as provided for under this direction where it is regulated under s.150(2)(e)(ii) and only in the following circumstances:

- (a) where physical restraint is necessary in an unplanned emergency or in a 'duty of care' exception, or
- (b) where physical restraint is necessary in an emergency, and developed as a planned response to a known potential emergency situation or known behaviour, to prevent or manage a serious risk of harm to the person or to any other person
- (c) where the use of physical restraint (other than in an emergency described above) is being sought for approval by a disability service provider to the Senior Practitioner.

4.1 Section 1 of this direction (*Directions under 150(2)(e) of the Act*) takes effect from **1 January 2012**. Meanwhile, if a disability service provider is of the view that any of the prohibited list of physical restraints is still required for a person with a disability prior to this date, then the disability service provider must:

- (a) apply for the Senior Practitioner's approval immediately
- (b) satisfy all the conditions in section 2.2
- (c) demonstrate the safe administration of the proposed physical restraint from the prohibited list of physical restraints (such as providing regular staff training and ensuring all training is documented)
- (d) seek medical or allied health professional advice prior to seeking approval from the Senior Practitioner for the use of the physical restraint
- (e) demonstrate how the proposed physical restraint will be eliminated safely.

4.2 Section 2 of this direction (*Exceptions*) takes effect from **1 January 2012**.

4.3 Section 3 of this direction (*Reporting of physical restraint*) takes effect from **1 July 2011**.