

Mechanical restraint

This Information Sheet provides practitioners, service providers and disability support workers with information about the authorisation and use of mechanical restraint as applied to adults (18 years or older) who:

- have an intellectual or cognitive disability;
- are receiving services provided by Disability Services, or services prescribed by regulation and funded under a NDIS participant plan behave in a way that causes physical harm or a serious risk of physical harm to themselves or others.

The intent of Part 6 of the *Disability Services Act 2006* is to promote positive behaviour support approaches; support the elimination or reduction of the use of restrictive practices; and to ensure that, if restrictive practices are used, they are to be the least restrictive way of ensuring the safety of the adult or others.

What is mechanical restraint?

Mechanical restraint of an adult with an intellectual or cognitive disability means the use, for the primary purpose of controlling the adult's behaviour, of a device in response to the adult's behavior that causes harm to the adult or others to -

- a) restrict the free movement of the adult; or
- b) prevent or reduce self-injurious behaviour.

Example of mechanical restraint

Rory is 25 years of age and lives with three other adults with support from an accommodation service. Rory has started to scratch his arms, legs and face until they bleed. He has many scars on his body due to scratching in the past. When Rory's parents could no longer provide support to Rory, Rory's brother became his informal decision maker.

To prevent Rory from scratching, his brother tells staff that in the past his parents and school placed Rory in gloves. The gloves had Velcro that secured them around Rory's wrist making it impossible for him to remove them. This seems the only option to prevent Rory from harming himself.

When considering using the gloves to stop Rory from scratching himself, the service provider must give a statement in the approved form to Rory, his family members and others in his support network about the use of the gloves.

The statement must include why the service provider is considering using the gloves; how Rory, his family or others in his support network can be involved and express their views in relation to the use of the gloves; who decides whether the glove will be used; and how Rory, his family or others in his support network can make a complaint about, or seek review of, the use of the gloves. The statement must be explained in a way that Rory is most likely to understand and is appropriate to his age, culture, disability and communication skills.

The service must seek a short term approval from the Chief Executive of the Department of Communities, Disability Services and Seniors or delegate to put the gloves on Rory to stop

him hurting himself. The short-term approval gives Rory's service provider time to assess his longer-term needs, undertake assessments and develop the positive behaviour support plan.

The service must apply to the Queensland Civil and Administrative Tribunal (QCAT) for a guardian for restrictive practice (general) matter to be appointed for Rory. Rory's brother may want to be Rory's guardian for restrictive practices or he may choose not to be. If his brother does not want to be Rory's guardian for restrictive practice and there is no one else, QCAT will make the Public Guardian as Rory's the guardian for restrictive practice (general) matter.

The service provider must find an appropriately qualified person to do an assessment to obtain information about Rory and work out why he is scratching. The staff must talk with Rory, his family, the guardian for restrictive practice and other staff to assess the areas where the quality of Rory's life could be improved. If placing gloves on Rory is the best way to keep him from being hurt, a positive behaviour support plan must be written and sent to the guardian for restrictive practice (general) matter for authorisation/approval. The service must have this authorisation to continue to put gloves on Rory to stop him scratching.

Using a device or object to hold an adult to punish them will not be allowed as it violates the adult's human rights and therefore the law. Other examples of mechanical restraint are:

- a lap belt, table or any other method used to keep someone in a chair or on a toilet or in a wheelchair;
- a splint placed on an adult's arm to stop the elbow bending;
- tying an adult to anything to stop them moving freely;
- placing rails on a bed to stop an adult leaving the bed.

The following are **not** mechanical restraint but the need for these should be carefully assessed and their use written into a plan:

- use of a lap belt, tray or rails to stop the adult from falling off or out of something such as a toilet or wheelchair or bed due to a physical disability;
- a splint on an adult's arm or leg because of a disability which assists with movement or stability.

When should restrictive practices be considered?

Mechanical restraint as a form of restrictive practice may be considered for use by services provided or funded by Disability Services, or services prescribed by regulation and funded under a NDIS participant plan in the following circumstances:

- as part of a positive behaviour support plan that promotes positive outcomes for the adult and supports the reduction or elimination of restrictive practices;
- as the least restrictive way to prevent the adult's behaviour causing harm to them or others;
- as a time-limited response where there is a need to safeguard the adult and others from significant harm associated with the occurrence of the adult's behaviour;

Considerations for the use of mechanical restraint

A number of factors must be considered with regard to the use of mechanical restraint in relation to an adult with an intellectual or cognitive disability:

- The relevant service provider must give a statement in the approved form about the use of restrictive practices to the adult, their family members and others in the adult's support network;
- The positive effects of using mechanical restraint must outweigh the possible negative effects on the adult;
- The risk involved if the restrictive practice is not used should be assessed;
- Less restrictive alternatives must have been considered and found to be inappropriate or ineffective;
- Mechanical restraint is considered a short-term response only;
- An appropriately qualified person has been involved in undertaking a comprehensive assessment;
- A positive behaviour support plan has been developed which details the use of the restrictive practice in the context of a proactive framework for reducing or eliminating its use;
- Support staff and others have been trained in the use of the practice and assessed as competent;
- Systems have been put in place to allow the ongoing monitoring and review of the practice;
- The practice must be reviewed within established time frames;
- The person with a disability, their family and relevant others must be involved and consulted at all stages of the process, including assessment, plan design, implementation and review;
- The adult's unique attributes must be considered including their communication support needs as well as their cultural, linguistic and social background; and
- Authorisation (consent) has been obtained from the relevant decision maker prior to implementation.

Mechanical restraint must not be used in specific circumstances, including:

- When the use of mechanical restraint is unplanned or ad hoc (though where the mechanical restraint is required to prevent immediate and serious risk of harm, short-term approval for the use of the restraint should be sought);
- Where a relevant professional has assessed and contraindicated using mechanical restraint;

- Where the use of mechanical restraint relies upon the experience of pain to force compliance; and
- The use of mechanical restraint as a form of punishment or organisational convenience.

Who can authorise the use of mechanical restraint?

Where a Disability Services funded or provided service provider considers that use of mechanical restraint is required in response to the behaviour of an adult that causes harm, authorisation must be sought first. The *Disability Services Act 2006* specifies the authorisation requirements for mechanical restraint and who can authorise the use of the practice.

Where physical restraint is used in combination with containment or seclusion, the authorisation requirements for containment and seclusion apply. For further information, refer to the Fact Sheet, [Authorising Restrictive Practices](#).

If the service provider is using or proposing to use physical restraint only or in combination with mechanical or chemical restraint, then the use of physical restraint as written in the person's positive behaviour support plan can only be authorised by a guardian for a restrictive practice (general) matter appointed by the Queensland Civil and Administrative Tribunal (QCAT).

For a respite or community access service, consent to use physical restraint as written in the person's respite/community access plan is required from a guardian for a restrictive practice (respite) matter if appointed or otherwise an informal decision-maker for the adult.

Where mechanical restraint is used in combination with containment or seclusion, the authorisation requirements for containment and seclusion apply. For further information, refer to the Fact Sheet, [Authorising Restrictive Practices](#).

If the service provider is using or proposing to use mechanical restraint only or in combination with physical or chemical restraint, then the use of mechanical restraint as written in the person's positive behaviour support plan can only be authorised by a guardian for a restrictive practice (general) matter appointed by the Queensland Civil and Administrative Tribunal (QCAT).

For a respite or community access service, consent to use mechanical restraint as written in the person's respite/community access plan is required from a guardian for a restrictive practice (respite) matter if appointed or otherwise an informal decision-maker for the adult.

Further Information

For more information, contact the Positive Behaviour Support and Restrictive Practices team on 1800 902 006 or enquiries_DSA_RP@communities.qld.gov.au.

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