

FACT SHEET - OFFICE OF THE SENIOR PRACTITIONER

Safe Transportation of People with Behaviours of Concern

Background

The Disability Services Act (2011) states that use of a Restrictive Intervention needs approval unless it is a) for therapeutic purposes, b) for safe transportation or c) authorised under another enactment.

This fact sheet has been developed by the Office of the Senior Practitioner (OSP) to provide practical support and advice for staff working with people they wish to transport safely where behaviours of concern (BoC) may occur. It has been designed to provide staff with some things to consider and work through when determining the most appropriate course of action and should be read in conjunction with the accompanying decision flowchart (see *Appendix 1*).

When transporting a person with additional support requirements it is important to note there are legal and safety requirements around the use of seatbelts, modifications to vehicles, car seats, booster seats and postural supports. There are requirements for securing a wheelchair for vehicle travel and safety considerations for getting on and off a vehicle. There are many relevant safety standards to adhere to, so it is important that you refer to an Occupational Therapist as soon as possible to ensure you are acting in accordance with these standards.

NOTE - some of these issues may need to be reported to the Tasmanian Office of State Growth, who monitor and authorise vehicle safety issues.

This information is 'best practice' advice from the Senior Practitioner to ensure that the rights of people with BoC are upheld as much as possible.

Why behaviours of concern?

- Sometimes, when being driven somewhere, people we support exhibit behaviours which are distracting or dangerous for the driver and place their safety, or the safety of others at risk.



There are many reasons why a person may exhibit (BoC). Behaviour is often used to communicate a need, for example, the need for support. Behaviours in a car might be behaviours indicating choice. For example, the person may not want to go somewhere or they may be feeling anxious due to uncertainty about where they are going. Other reasons may be pain related or an expression of sensory or physical discomfort.

It is important that when responding to the BoC in the vehicle environment that the least restrictive alternative is used. 'Least restrictive' means that (a) it is not more restrictive or intrusive than necessary to prevent the person from inflicting harm on themselves or others; and (b) is applied no longer than necessary to prevent harm or danger. Therefore it is essential to recognise the BoC before it gets to the point of being too hard to manage without the use of restraint.

What is the role of the support worker and service provider?

Identify distressed behaviour early on. Discuss with your support team and report this to your manager. What we don't want is for the BoC to escalate. Look for clues that something is happening:

- The driver is distracted and feels the need to keep an 'eye' on the person
- Changes in a person's behaviour
- Clear signs of discomfort
- Vocalisations
- Hitting the window, car/seat/other people
- Trying to unlock the door/windows
- Signs of protest

You may require assistance to complete the following (e.g. from your manager or a behavioural specialist).

- Try to work out why the behaviour is occurring, for example:
 - Is the person physically uncomfortable/unsafe/overloaded?
 - Do they want something that is in the car (e.g. sunglasses or a drink)?
 - Do they have difficulty with transitions?
 - Do they want to stay at home/in the community...why?
 - Can you identify a trigger or setting event?
- Try to develop strategies which may help to address the identified issue, for example:
 - Seek medical assistance for pain/discomfort issues
 - Provide distraction/engagement whilst travelling
 - Address sensory needs (e.g. bright light or noise)
 - Saturate with preferred activities upon arrival



- Try to find out if there have been any changes in the person's life, for example:
 - In their health?
 - In their environment such as level of noise or change in route?
 - Any change of traveling companion or support staff?
 - Changes at the place they are traveling too?

It may be possible to discuss these issues with the person. Support staff (excluding the driver) may need to increase communication support about destination. Sometimes there will only be a single carer/driver, at these times there needs to be some preparation before setting off, have items that the client will want in reach, have topics of conversation that settle the person well thought out, have the right music in the player. Other options to try changing vehicles, varying locations, varying travelling companions or support and prepare the person for transitions between home-destination-home.

What happens if the behaviour continues to be of concern?

If you have tried all the behavioural approaches and there is still an issue with safe transport, you may need to consider additional supports. These would usually be trialled from least restrictive option first and typically trialled with the assistance of an Occupational Therapist (OT).

Some examples include:

- Sit the person in the rear seat on the opposite side to the driver
- Sit the person in the 3rd row of the vehicle (only possible in larger vehicles)
- Use the vehicles standard safety features, such as engaging the child proof locks on the doors and limiting windows controlled to the driver

(The approaches listed above don't need to be reported to the OSP)

- Buckle guard (if the client regularly undoes his/her belt)
- Harness (if the client tries to interfere with the driver or other passengers)
- Dedicated harness that requires modification to the vehicle.

(These more restrictive approaches listed above do need to be reported to the OSP)

Some people require specific equipment for physical support during sitting. This may or may not be a behaviour support strategy. For example a person with cerebral palsy who needs a specialist device to maintain posture in the car but who has no behavioural issues does not need to have their transport issues reported to the OSP

Remember for anyone traveling in a vehicle it is the law to wear the vehicle's safety belt during transportation. (while behaviour harnesses look sturdy, they are not there to protect an



occupant in a crash, hence the seat belt needs to be put on over the top of the harness) The only time that the car's standard seat belt is not needed is when a seatbelt has been specially modified by an accredited vehicle inspection specialist (E.g. when a seat belt is replaced by a 4 point "racing" harness).

Who should I contact?

As mentioned above an OT from either the Tasmanian Health Service (THS) or in private practice is best placed to provide advice about a person's support needs, Australian Standards associated with transportation and best practice advice about transport behavioural support.

Early contact is worth considering as it may be easier and less restrictive to address any issues of transport behavioural support at this point. However, if the issues have moved beyond this point and safety is a concern, a referral to a THS OT or another private practitioner should be made.

In addition, although a safety harness or other device that is required for safe transportation is not considered a restrictive intervention, it is still important to contact the Senior Practitioner to inform him/her of the underlying behavioural issues. Part of this process is the provision of a copy of the OT's recommendations.

Do I need to advise anyone other than the OSP?

In addition to advising the OSP you may also need to contact:

- The Office of State Growth - They look after any vehicle issues that relate to the use of nonstandard additions or modifications to registered vehicles. This includes buckle guards, behavioural harnesses, dedicated harnesses that require modification to a vehicle and other vehicle modifications. If any of these approaches are used the service provider needs to contact the Office of State Growth and clarify what is needed – either via:

Gavlik, Alysse Alysse.Gavlik@stategrowth.tas.gov.au or

vehicle.standards@stategrowth.tas.gov.au

- The NDIS Quality and Safeguard Commission has been active in Tasmania from the 1 July 2019. Service providers may need to report the use of restraint in a vehicle for behavioural purposes to the Commission. Service providers are therefore advised to check their reporting obligations by contacting them via:

tasbehavioursupport@ndiscommission.gov.au



Summary of main points?

- Provide behavioural support as early as possible;
- Ensure that the support strategy you are using is the least restrictive alternative;
- Where appropriate involve an Occupational Therapist as early as possible;
- Review strategies regularly;
- Have an 'outsider' examine the strategies;
- If a safety device such as a harness is required, consult with a clinician who is aware of Australian Standards and the law;
- Contact the Senior Practitioner and State Growth where appropriate

For further information contact?

The Senior Practitioner:

Telephone: (03) 6166 3567 Mobile: 0428 197 474

Email: <mailto:seniorpractitionerdisability@communities.tas.gov.au>

Web: www.communities.tas.gov.au/disability/office-of-the-senior-practitioner

Find out more about 'Safe Transportation' by accessing the Riset Tas link below:



Access practice resources and restrictive intervention information via Riset-TAS online: [Riset-Tas Link](#)

Please note: The information contained in this document is provided as an initial guide only. It is not intended to be and is not a substitute for legal advice. Service providers should seek their own independent legal advice with reference to the implementation of the legislation.



Flowchart for consideration of advice regarding behaviours of concern during transportation

