

## FACT SHEET - OFFICE OF THE SENIOR PRACTITIONER

# Restrictive Interventions not Requiring Authorisation

## Background

Under the *Disability Services Act 2011*, (the Act) a Restrictive Intervention is defined as follows:

"**Restrictive intervention** means any action that is taken to restrict the rights or freedom of movement of a person with disability for the primary purpose of the behavioural control of the person but does not include such an action that is:

- (a) taken for therapeutic purposes
- (b) taken to enable the safe transportation of the person
- (c) authorised under any enactment relating to the provision of mental health services or to guardianship."

## What do we mean by Therapeutic Purposes?

Under Section 4 of the Act Therapeutic Purposes means to enable the treatment (by diagnosing, curing or relieving) of disease, disorder, ailment, defect or injury and to facilitate such treatment, but it does not include preventing or reducing the risk of ailment or injury.

The restraint must still be the least restrictive alternative and be recommended by the treating health professional.

Examples of practices that are currently viewed as 'therapeutic' include:

- Adaptive equipment that improves function and quality of life- leg calipers; wheelchairs; a hand splint so that someone can hold a spoon independently; other equipment that improves the comfort; mobility or the ability of the person to carry out tasks independently.
- Mechanical devices that prevent injury caused by involuntary movements, e.g:
  - helmets to prevent injury due to falls or head banging;
  - modified seat belt to prevent a person from falling from a wheelchair;
  - the use of a body suit to relieve an ailment such as existing skin infections due to scratching.



- Situations where a support worker needs to facilitate treatment such as gently holding the person they are supporting in order to facilitate a medical procedure (e.g. taking blood).
- Restricting access to specific foods or drink where medical treatment recommendations are made (e.g. limited sugar drinks where there is a current diagnosed disorder such as diabetes).

**It is important to note that the Senior Practitioner must be consulted where any proposed intervention may have the potential of being ‘therapeutic’.**

## **What do we mean by ‘Safe transportation’?**

Everyone travelling in a vehicle is subject to existing laws relating to the use of seat belts. However if the behaviour of a person with disability puts themselves or others at risk of injury whilst being transported, then additional more restrictive measures may be need to be implemented.

Restrictive interventions that are used for the sole purpose of enabling safe transportation of the person being supported do not require approval under the Act.

Examples include:

- a seat belt buckle guard;
- universal harness;
- adjustable vest.

For more information about Safe Transportation please refer to the Fact Sheet – ‘*Safe transportation of people with behaviours of concern*’.

## **Examples of ‘other enactments’?**

Those practices authorised under other enactments relating to mental health services or guardianship do not require approval through the *Disability Services Act 2011*.

Examples of this include (but are not limited to):

- Restriction and Supervision Orders under the *Criminal Justice (Mental Impairment) Act 1999*. These orders might require meeting specific conditions such as confinement in a secure mental health unit, or taking of a particular medication;
- Involuntary Admission to an approved facility for treatment; (e.g. Treatment Orders- *Mental Health Act 2013*.);
- Treatment approved by 'person responsible', appointed guardian or the Guardianship and Administration Board (*Guardianship and Administration Act 1995*). For example – medication to control behaviour (*Guardianship and Administration Regulations 2017*; Section 12).



## What do I need to consider?

Although the types of Restrictive Interventions discussed in this fact sheet do not need approval it is important to use the following principles when considering the use of any Restrictive Intervention:

- Consult with a clinician who has relevant expertise in the area as early as possible;
- Ensure the proposed Restrictive Intervention is the least restrictive alternative;
- Check that the restriction is only being proposed for the health, safety or wellbeing of the person with disability;
- Contact the Senior Practitioner.

## Further Information

Further related fact sheets can be found at:

<https://www.communities.tas.gov.au/disability/office-of-the-senior-practitioner>

## How do I contact the Tasmanian Senior Practitioner?

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](http://www.communities.tas.gov.au/disability/office-of-the-senior-practitioner)

Further information about Restrictive Interventions can be found on 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*