

# Restrictive Practices Procedure

# TABLE OF CONTENTS

Version 1.0 – 15/12/2021

1.	Purpose.....	3
2.	Overview.....	3
3.	Roles and Responsibilities.....	4
4.	Process.....	6
5.	Related policies.....	14
6.	Related Guidelines/Procedures.....	14
7.	Supporting information/websites.....	14
8.	Legislation.....	15
9.	Definitions.....	16
10.	Acknowledgements.....	17

DRAFT

## 1. Purpose

This procedure applies to all Department of Education (DoE) employees.

It outlines:

- What restrictive practices are permitted and what restrictive practices are not permitted to be used in Tasmanian Government Schools.
- Staff obligations around reporting, notification and oversight in the use of restrictive practices.
- The expectations of school staff and principals to manage at-risk behaviour of students with the intent that restrictive practices will only be used as part of an individualised approved planned strategy.

## 2. Overview

DoE is committed to providing high quality, inclusive education and a safe and supportive environment for all students, staff and visitors.

DoE's [Restrictive Practices Policy](#) provides the broader policy context for this Procedure.

DoE is committed to developing and implementing whole school, classroom, group and individual approaches to respectful behaviour and relationships through Inclusive Practice. These approaches are outlined in DoE's [Respectful Schools Respectful Behaviour – Building Inclusive Practice in Schools](#).

[Positive Behaviour Support](#) and [Restorative Practice](#) are two commonly used models in Tasmanian Government Schools to support positive behaviour and respectful relationships.

Some students will require intensive, individualised behavioural and emotional support from time to time. For these students, DoE will provide a more intensive focus on student-centred planning and collaborative support. Explicit intervention, crisis prevention and de-escalation strategies may also be required in certain circumstances.

### 2.1 Guiding Principles

Schools will proactively work to optimise approaches of positive behaviour support for responding to behaviour of students that poses a serious and imminent risk of harm; and will provide advice so as to reduce reliance on restrictive practices. Ultimately by optimising positive behaviour support approaches, the goal is to work towards the elimination of restrictive practice across Tasmanian Government Schools.

All DoE employees have a responsibility to take reasonable action to prevent the risk of foreseeable harm to students, to themselves and to other persons.

Restrictive practices permitted under this procedure must only be used where:

- The restrictive practice is used only as a last resort, to ensure the safety of the student or any other person.
- The use of restrictive practice is only applied when appropriate standards and procedures are followed (as outlined below).
- The student's human rights are upheld, and students are treated with dignity and respect.
- There is consultation with a student's parents/carers, where possible.
- Each incident involving the use of restrictive practice is documented in writing and reported.

## 2.2 Restrictive Practices

Restrictive practices are the use of interventions or strategies that have the effect of restricting the rights or freedom of movement of a student. Restrictive practices include:

- Seclusion.
- Physical restraint.
- Containment.
- Mechanical restraint.
- Chemical restraint.
- Clinical holding.

## 3. Roles and Responsibilities

### 3.1 Secretary and Deputy Secretaries

- Ensure the relevant Acts and Standards are adhered to, including but not limited to:
  - [\*Anti-Discrimination Act 1998\*](#)
  - [\*Australian Professional Standards for Teachers\*](#)
  - [\*Disability Discrimination Act 1992\*](#)
  - [\*Disability Standards for Education 2005\*](#)
  - [\*Education Act 2016\*](#)
  - [\*National Principles for Child Safe Organisations\*](#)
  - [\*The United Nations Convention on the Rights of the Child 1990\*](#)
  - [\*The United Nations Convention on the Rights of Persons with Disabilities 2008\*](#)
- Initiate processes for the regular review and evaluation of this Procedure to ensure accuracy and relevance.

### 3.2 Director Student Support, Student Support Leaders, Manager Professional Support Staff, Manager Inclusive Learning, and Director Inclusion and Diversity Services

- Ensure all schools and colleges are familiar with, and implement, this Procedure.
- Ensure the Inclusive Practice Team, Professional Support Staff, and School Health Nurses are familiar with this Procedure and can support principals and school staff to comply.

### 3.3 Principals

- Ensure that this Procedure is being complied with at their school and respond to known risks.
- Ensure training is provided to school staff on evidence-based positive behaviour support.
- Ensure a review is conducted after the use of seclusion and any unplanned physical restraint.
- Ensure a Risk Assessment process is undertaken by completing DoE's [\*Risk Management Plan Template\*](#) for the individual student, particularly if physical restraint or seclusion are planned to be used.
- Ensure the development and implementation of a De-escalation Response Plan (DRP) to gather detailed information about the student's behaviour, strategies to employ and triggers to avoid.

- Ensure the human rights of all students are upheld, and ensure students are treated with dignity and respect in any case of restrictive practices being used.
- Ensure data is appropriately recorded for review by the principal's supervisor or Learning Services.
- Ensure that their local school policies comply with the requirements in this procedure.

### **3.4 Senior Staff, Support and Wellbeing Teams and Support Teachers**

- Ensure that this Procedure and associated processes are implemented and adhered to.
- Support classroom teachers and teacher assistants to implement and adhere to the requirements of this Procedure.
- Record and document planned strategies for individual students in their De-escalation Response Plan (DRP) or Risk Management Plan.
- Ensure that De-escalation Response Plan (DRP), Risk Management Plan and personalised Learning Plans are implemented as required for individual students.
- Ensure the human rights of all students are upheld, and ensure students are treated with dignity and respect in any case of restrictive practices being used.
- Participate in training on evidence-based positive behaviour support.
- Consult with parents/carers regarding the use of restrictive practice for individual students when/if required, and document outcomes of consultation.
- Participate in the review process if restrictive practices have been used.
- Capture and record data on the use of restrictive practices when it occurs at the school level.

### **3.5 Classroom Teachers**

- Implement and adhere to the requirements of this Procedure.
- Support students to access, participate in and engage in education.
- Ensure the human rights of all students are upheld, and ensure students are treated with dignity and respect in any case of restrictive practices being used.
- Collaborate with school staff regarding planned strategies for individual students.
- Record and document planned strategies for individual students in their De-escalation Response Plan (DRP) or Risk Management Plan.
- Participate in training on evidence-based positive behaviour support.
- Participate in the review process if restrictive practices have been used.
- Capture and record data on the use of restrictive practices when it occurs at the class level.

### **3.6 Teacher Assistants**

- Support students to access, participate in and engage in education.
- Participate in training on evidence-based positive behaviour support.
- Support the implementation of planned strategies for individual students.

- Ensure the human rights of all students are upheld, and ensure students are treated with dignity and respect in any case of restrictive practices being used.
- Work with school staff to support implementation of the requirements of this Procedure.

### **3.7 Professional Support Staff and Specialist Staff**

- Ensure that this Procedure and associated processes are implemented and adhered to by professional support teams, including: School Psychologists, Social Workers, Speech and Language Pathologists, School Health Nurses, and Inclusive Practice Team.
- Collaborate with school staff regarding planned strategies for individual students.
- Support staff with recording and documenting planned strategies for individual students in De-escalation Response Plan (DRP), Risk Management Plan or personalised Learning Plans.
- Ensure the human rights of all students are upheld, and ensure students are treated with dignity and respect in any case of restrictive practices being used.
- Participate in training on evidence-based positive behaviour support, as appropriate.
- Participate in the review process if restrictive practices have been used, as appropriate.
- Capture and record data on the use of restrictive practices, as appropriate.

### **3.8 Learners**

- Be supported to access, participate and engage in education.
- Be supported, where needed, with documented De-escalation Response Plan (DRP), Risk Management Plan or personalised Learning Plans to ensure the safety of the student and any other person.
- Be positively supported where any restrictive practice may be used by ensuring respect for the student's dignity and human rights.

### **3.9 Parents/Carers**

- Be invited to participate in planning and decision making in relation to De-escalation Response Plan (DRP), Risk Management Plan or personalised Learning Plans for their children and young people, as required.
- Be supported to report any inappropriate use of restrictive practices to the Principal or Learning Services.

## **4. Process**

### **4.1 Training**

School principals have a duty to arrange formal training for their school staff that includes evidence-based positive behaviour support. If there is a known risk that requires the use of physical restraint, the principal must arrange training that includes evidence-based positive behaviour support and appropriate physical restraint techniques. The training will be delivered with reference to particular documented behaviours, the known risk, and be appropriate for responding to the risk posed by individual students or the behaviour risk profile of the school.

In such circumstances the principal should contact their school's Inclusive Practice Coach to arrange training on:

- The implementation of this procedure.
- The legal obligations of staff (i.e. the duty of care).
- Evidence-based positive and proactive behaviour support strategies.

- Circumstances where the use of restrictive practices may be required to discharge a staff member's duty of care.
- Strategies that assist in preventing and de-escalating behaviour.
- Strategies to manage individual students' behaviour in accordance with any plans related to that student.
- Strategies that assist in preventing behaviour that may require the use of restrictive practices.
- The risks associated with the use of restrictive practices, including seclusion and physical restraint techniques.
- Reporting and oversight procedures following any use of restrictive practices.

If further training is required, the Inclusive Practice Coach will discuss with relevant Learning Services staff further training needs.

Please note staff who have attended training in physical restraint must not adapt that training, change the physical restraint techniques, informally instruct, share with or demonstrate techniques to colleagues.

Training in physical restraint should be updated or refreshed in line with advice from the specialist training provider contextual to the known risk.

## 4.2 Use of physical restraint and seclusion

School staff must only use physical restraint or seclusion where all of the following are present:

- The student is behaving in a way that poses a serious and imminent risk of harm to themselves or others; and
- the seclusion or physical restraint is reasonable in all the circumstances as a response to the student's behaviour; and
- there is no less restrictive measure available to respond to the student's behaviour in the circumstances.

For the use of a seclusion or physical restraint to be 'reasonable', the seclusion or physical restraint must be:

- Proportionate to the risk of harm; and
- discontinued once the risk of harm has dissipated; and
- respectful of the student's dignity.

Examples of 'reasonable' physical restraint in the circumstances might be:

- Using manual guidance to prevent a student running onto a busy road.
- Holding a student to prevent them physically attacking someone.
- Holding a student's hand to prevent repetitive, serious self-injurious behaviour.

Staff must not use seclusion and physical restraint as a behaviour management technique, for convenience, as retaliation, or to discipline or punish a student. For example, seclusion and physical restraint must not be used to respond to:

- A student's refusal to comply with a direction, unless that refusal to comply creates an imminent risk to the safety of the student or another person.
- A student leaving the classroom/school without permission, unless the leaving of the classroom or school causes foreseeable risk to the safety of the student or another person.
- Verbal threats of harm from a student, except where there is a reasonable belief that the threat will be carried out immediately.

- Property destruction caused by the student unless the property destruction is placing any person at a risk of harm.

A physical restraint must not be used where it has the effect of:

- Covering the student's mouth or nose, or in any way that restricts breathing.
- Taking the student to the ground into the prone or supine position.
- Causing hyperextension or hyperflexion of joints.
- Applying pressure to the neck, back, chest or joints.
- Deliberately applying pain to gain compliance.
- Causing the student to fall.
- Having a staff member sitting or kneeling on the student.
- Physically restricting movement in daily activities, which is different from implementing prescribed strategies to support stability.
- Altering a student's expressive communication by manually guiding a hand/limb, while using a communication system.

Staff must ensure the type of seclusion or physical restraint that is used is consistent with a student's individual needs and circumstances, including:

- The age and size of the student.
- The past behaviours of the student.
- Any disability or condition that the student may have e.g. obesity, hypermobility, sickle cell anaemia, asthma, pregnancy.
- Any history of trauma (including physical and sexual abuse).
- The environment in which the restraint is taking place.
- The communication system/method required by the student for comprehension and expression.

In every instance where seclusion or physical restraint is used, the student must be carefully and continuously monitored to ensure that the seclusion or physical restraint is being used appropriately, and that the student and all other persons involved are safe. For example, staff must discontinue the seclusion or physical restraint where:

- The student who is the subject of the restraint says they cannot breathe, vomits, is showing signs of physical or serious psychological distress, starts to change in pallor, or has a medical emergency.
- The staff member who is administering the restraint reports or is observed to be injured, unwell or is for any other reason unable to continue to manage the situation safely for any reason.

In every instance where seclusion is used, staff must:

- Assess the area or room for objects or surfaces that may present an immediate risk to the student.
- Consider the associated risks for a student if there is a history of suicidal ideation or self-harm, which should preclude the use of seclusion.
- Ensure the student does not have anything in their possession that could be used to harm themselves.
- Ensure that a member of staff can observe the student throughout their period in seclusion and be available at all times immediately outside the room.



- Discontinue seclusion if the student says they cannot breathe, experiences a medical emergency, is incontinent or behaves in such a manner as to raise concern about their welfare.

Schools must not have designated seclusion rooms or areas.

### 4.3 Containment

Containment is a planned restrictive practice that involves a single student in a room or area for the purpose of engaging in learning. The room is secured by a fob (or other mechanism) and the student's free exit is impeded. The student is always accompanied in the room, by at least one adult and the student is not left alone in that room or area.

Containment must only be used as a short-term planned strategy with individual students as part of:

- A period of initial assessment when a student is new to the school and there is evidence that the student presents a risk of harm to themselves or other people.
- A period of settling into a new environment or reintegration to school after a period of absence when there is evidence that the student presents a risk of harm to themselves or other people.
- Intensive short-term support in response to frequent behaviour presenting a risk of harm to the student or other people.

Containment will not be relied on as a long-term strategy and the use will be time limited. There must be a plan to evidence how and when the containment will be reduced and when it will cease to be used. The plan to eliminate the use of containment will be contextual to the individual student and their behaviour. A Functional Behaviour Assessment should be undertaken and recorded, and a De-escalation Response Plan developed to assess and record the behavioural risk.

Containment must not be enacted for more than one student at any time in any one environment.

Prior to implementation, any school considering enacting containment should review the safety of the procedure and ensure compliance with all workplace health and safety requirements if necessary.

School staff must not use containment unless other less restrictive approaches are unlikely to reduce the risk. Schools implementing containment must ensure:

- There is at least one staff member in the room at all times with the student.
- The room is secured by a fob or similar system based upon workplace health and safety requirements.
- The staff who work directly with the student and other senior staff in the school have access to the room at all times.
- Parents have been consulted about the potential use of containment with their child.

In the case of Support Schools, fobs, double handles or secure environments may be used as permanent fixtures throughout the school to support the safety of students.

### 4.4 Mechanical Restraint

Mechanical Restraint is the restraint of a student by using a device to limit the student's body, or a limb of the student to restrict the student's movement. For example:

- Taking away a person's Alternative and Augmentative Communication (AAC).
- Using a helmet to protect a student who exhibits repetitive self-injurious behaviour.
- Limiting a student's movement options by using a lap belt.

Mechanical restraint can be used as a planned restrictive practice for reducing or controlling a student's serious and repetitive self-injurious behaviour. Mechanical restraint must only be implemented when:

- There is a foreseeable risk of harm to the student through self-injurious behaviour.
- The advice of an appropriately qualified health professional has been sought about the use of the device within the school or educational setting and they have prescribed the use of the device for responding to a specific behaviour.
- Other less restrictive approaches have been tried or considered for managing the risk of the behaviour and found to be ineffective at reducing risk.
- Parents have approved the use of mechanical restraint.
- There is a plan for the use of the mechanical restraint that has been prepared in consultation with an appropriately qualified health professional and included in the student's De-escalation Response Plan.
- Staff have received training in how to use the prescribed device from an appropriately qualified health professional or person/organisation nominated by the health professional.

This procedure does not apply to the appropriate use of devices:

- To enable the safe transportation of a student in a vehicle (e.g. booster seat, buckle guards, Ezon Vest).
- To prevent injury from involuntary bodily movement (e.g. head support or brace (head pod)).
- To provide postural support, or surgical/medical device for the proper treatment of a physical condition (e.g. wheelchair lap straps to prevent falls and maintain posture, specialised seating supports at meal times to ensure student maintains a safe position for eating).

#### **4.5 Chemical Restraint**

Chemical Restraint is the use of medication to control or subdue a student's behaviour.

School staff must not use any chemical restraint to control or subdue a student's behaviour. However, government school staff may administer medications that are prescribed by a health professional for the student in accordance with [Administration of Student Medication Procedure](#).

For a student who has prescribed emergency medication for their health condition, if the medication is required, staff should administer it to the student in accordance with the student's [Medical Management Plan](#).

School staff must support students to access their prescribed medication in accordance with the student's Medical Management Plan. Staff must not insist that a student is medicated before they can attend school, unless specified in their Medical Management Plan and in consultation with their health professional.

Refer to the [Administration of Medication Authorisation Forms](#) and [Administration of Student Medication Record](#).

#### **4.6 Clinical Holding**

Clinical holding is a planned restrictive practice that occurs when staff employ, when necessary, pre-arranged strategies and methods (of physical restraint) that are necessary and in the best interests of the student, based upon an assessed need and agreed in advance in order to provide essential healthcare or personal care. Clinical holding is prescribed by the appropriately qualified health professional, which may include Occupational Therapist, Physiotherapist, Speech and Language Pathologist or other medical staff.

Clinical holding must not be used on a student unless:

- It is used in accordance with a Manual Handling Plan, Medical Action Plan and/or Meal Management Plan that has been developed for the student.

- There are no other alternatives that will enable school staff to provide the necessary care to the student.
- The use of clinical holding is appropriate and reasonable in the circumstances.
- The school staff potentially involved in the clinical holding have been trained by an appropriately qualified health professional or someone who the professional recommends does the clinical holding.

A plan for clinical holding must be:

- Outlined in the student's Manual Handling Plan and/or Medical Action Plan.
- Developed by an appropriately qualified health professional in consultation with the principal and relevant state school staff.
- Outline the specific circumstances in which clinical holding may be used on the student.
- Outline the way in which clinical holding is to be applied to the student.
- Readily available in the Student Support System (SSS).
- Approved by the student's parents.

Clinical holding must not be used in circumstances where there are less restrictive practices that would enable staff to provide the necessary care to the student.

Examples of clinical holding may include but are not limited to:

- Holding a student's hands to prevent them interfering with the application of a prescribed hand guard/splint.
- Holding a student in order to manage tasks associated with a percutaneous endoscopic gastrostomy (PEG) or colostomy pouch to provide necessary prescribed care.
- Supporting a student to hold a spoon or fork while assisting them to develop independent feeding skills, with the aim of fading this support.

The principal must provide their staff with formal training by an appropriately qualified professional or someone recommended by them to perform clinical holding in accordance with a student's Manual Handling Plan and/or Medical Action Plan.

Principals must review a student's plan for clinical holding once a term and make an appropriate note in SSS.

In deciding whether the use of clinical holding is appropriate and reasonable in the circumstances, school staff must consider:

- The necessity of the procedure being undertaken and any alternative strategies that could be used.
- The age and size of the student.
- The past behaviours of the student.
- Any impairment/disability/condition that the student may have e.g. obesity, hypermobility, sickle cell anaemia, asthma, pregnancy.
- Any history of trauma (including physical and sexual abuse).
- The environment in which the restraint is taking place with consideration of the specific procedure.

Clinical holding must not be used:

- As a behaviour support strategy.
- To enforce the compliance of a student in undertaking personal care that is non-urgent and does not present risk to the student.

- To punish a student.

#### **4.7 Planned restrictive practices – physical restraint**

Schools may plan for the use of physical restraint in respect of a particular student to respond to certain behaviours. However, a plan for the use of physical restraint does not absolve staff from making an assessment about whether the use of the planned restraint is appropriate in the circumstances of each individual case (in accordance with this procedure).

Responses other than physical restraint must still be considered prior to exercising physical restraint. Staff must consider the specific facts and circumstances of each case and use restrictive practices in a way that is reasonable and proportionate.

Any use of planned physical restraint must be:

- Supported by a De-escalation Response Plan that:
  - is informed by considering the function of the behaviour.
  - details the positive and proactive strategies that will be implemented prior to the use of any planned physical restraint.
  - details the communication device/method required for comprehension and expression.
- Undertaken on the basis of evidence and recorded in the individual student's Risk Management Plan.
- Informed by a clear, documented rationale for the planned use of physical restraint.
- Supported by a strategy for reducing the use of the planned physical restraint (that is documented in the De-escalation Response Plan).
- Developed in consultation with the student's parent/carer with documented consent.

It must be emphasised that school staff must not use plans for the use of physical restraint in a way that prevents school staff from taking into account the circumstances of each individual case and ensuring that their response is appropriate and reasonable (as defined in Section 4.2).

In cases where a student has a history of engaging in behaviour that risks causing harm to themselves or others, the school should include strategies that may prevent such behaviour in the student's De-escalation Response Plan.

Further, as explained above, principals will ensure training is delivered on positive behaviour support and restrictive practices and will be tailored to cover specific risk at that particular school.

#### **4.8 De-escalation Response Plan**

If a school is proposing the use of planned physical restraint, seclusion, containment, mechanical restraint or clinical holding in respect of a particular student, the school must develop a De-escalation Response Plan. The De-escalation Response Plan must be read in conjunction with any behaviour support strategies, communication support strategies or risk mitigation strategies included in a student's Risk Management Plan.

The existence of the planned measures should not prevent staff from considering the specific facts of each case to ensure that their use of restrictive practices is proportionate and appropriate (as defined in Section 4.2).

To access the De-escalation Response Plan template, contact your school's Inclusive Practice Coach.

#### **4.9 After physical restraint has been used**

After using seclusion or physical restraint:

- The school staff member(s) involved in the incident will immediately notify the principal of the incident.

- The school staff member(s) involved in the incident must record the incident in the Student Support System (SSS) as soon as practicable. The report must include:
  - The name of the student(s) and staff member(s) involved.
  - Date, time and location of the incident.
  - Names of witnesses (staff and other students).
  - Details of the incident.
  - Any action taken to de-escalate the situation.
  - Why the restrictive practice was used.
  - The nature of the restrictive practice used.
  - The duration of the restrictive practice.
  - Any injuries.
  - Immediate post-incident actions, such as First Aid or contact with emergency services.
  - Details of any post-incident support provided or organised.
- The principal will, as soon as practicable, notify the parents of the student who was the subject of the restrictive practice of the incident.
- In the case of seclusion or unplanned physical restraint, the principal or their delegate must conduct a review of the student's De-escalation Response Plan or Risk Management Plan.
- The staff and principal of the school must consider the preventative and de-escalation strategies that might reduce the likelihood of a similar incident occurring again with the student (this may include reviewing, amending or developing the student's De-escalation Response Plan or Risk Management Plan).
- The principal may offer further training to assist staff working closely with the student.
- The principal has a duty to offer appropriate supports to the following persons:
  - The student who has been restrained and their parents or carers (this may include inviting parents or carers to participate in decisions involving the student's ongoing support and planning).
  - Other students and staff members who were involved in or witnessed the incident (this may include a debriefing in relation to the incident and/or counselling support).

#### **4.10 Reporting and Oversight**

If, at any time, a principal is of the reasonable belief that a restrictive practice used by a staff member was not appropriate in the circumstances or otherwise not compliant with this procedure, the principal must, as soon as practicable (e.g. within 24 hours), provide details of the incident to the principal's supervisor or Student Support Leader.

In addition, principals will ensure data is appropriately recorded for review by Learning Services that outlines:

- The number of instances where physical restraint and seclusion were used at the school.
- The nature of instances where physical restraint and seclusion were used.
- Any plans for the use of mechanical restraint, containment or clinical holding on students.
- Instances where the use of any restrictive practice was not appropriate and measures taken in response to the inappropriate use of restrictive practices.
- Measures taken by the school to prevent the need for the use of restrictive practices.

- Details of the training provided to school staff on the use of restrictive practices.

On the basis of information principals provide about the use of restrictive practices, the principal's supervisor or Learning Services will consider appropriate action. Actions that the principal's supervisor or delegate might consider include:

- Providing support and advice on the use of restrictive practices to the principal of the relevant school.
- Supporting the principal to provide training to staff members in evidence-based, positive and proactive behaviour support, de-escalation strategies and, if necessary, the use of restrictive practices.
- Requiring the principal to amend/remove a plan for the use of restrictive practices because the plan constricts staff members' assessment of the individual facts and circumstances of each case.

## 5. Related policies

- [Augmentative and Alternative Communication in Schools Policy](#)
- [Conduct and Behaviour Standards](#) (Staff Only)
- [Learner Health Care and Safety Policy](#)
- [Meal Management in Schools Policy](#)
- [Professional Standards for Staff Policy](#) (Staff Only)
- [Respectful Student Behaviour Policy](#) (Staff Only)
- [Restrictive Practices Policy](#)
- [Risk Management Policy](#) (Staff Only).

## 6. Related Guidelines/Procedures

- [Professional Standards for Staff Guidelines](#) (Staff Only)
- [Protective Practices for Staff and Students Guidelines](#) (Staff Only)
- [Protective Security Framework](#) (Staff Only).

## 7. Supporting information/websites

- [Conduct in the Workplace](#) (Staff Only)
- De-escalation Response Plan – available through your school's Inclusive Practice Coach
- [Legal Issues Handbook](#) (Staff Only)
- [Positive Behaviour Support](#)
- [Respectful Schools Respectful Behaviour – Building Inclusive Practice in Schools.](#)
- [Risk Management Plan Template](#) (Staff Only)
- [Support for Complainants – Information Sheet](#) (Staff Only).

## 8. Legislation

- [\*Disability Discrimination Act 1992\*](#) (Cwth)
- [\*Disability Standards for Education 2005\*](#) (Cwth)
- [\*Anti-Discrimination Act 1998\*](#) (Tas)
- [\*Education Act 2016\*](#) (Tas).

DRAFT

## 9. Definitions

### Augmentative and Alternative Communication (AAC) system

A system to support or compensate an individual's communication of their thoughts, needs, wants and ideas with others. This can include high tech or lite tech options. E.g. vocalisations, pictures or related visual symbols (from photographs to print), braille, gesture (informal or formal such as Auslan or Key Word Sign), or various devices including ones activated by any body action including eye gaze.

Removal of such devices may contravene human rights such as independent mobility, freedom of expression and access to information in a comprehensive form (UN Convention on the Rights of Persons with Disability, Article 21 b). Some students may require their communication partners to convey information to them through their AAC device/system to enable comprehension.

### Chemical Restraint

The use of medication to control or subdue a student's behaviour.

### Clinical Holding

Planned restrictive practice that occurs when staff employ, when necessary, pre-arranged strategies and methods (of physical restraint) that are necessary and in the best interests of the student, based upon an assessed need and agreed in advance in order to provide essential healthcare or personal care. Clinical holding is prescribed by the appropriately qualified health professional.

### Containment

Planned restrictive practice that involves a single student in a room or area for the purpose of engaging in learning. The room is secured by a fob or similar system (or other mechanism) and the student's free exit is impeded. The student is always accompanied in the room, by at least one adult and the student is not left alone in that room or area.

### De-escalation Response Plan

Effective strategies can prevent crises from occurring. The De-escalation Response Plan points to behaviour signals and suggests strategies to prevent and de-escalate crisis situations.

The Inclusive Practice Team can provide schools with access to the De-escalation Response Plan and guidance on how to complete the plan.

### Manual Guidance

Physical cueing or prompting by a teacher or specialist to guide movements needed to perform a specific task or to minimise undesired movement.

### Mechanical Restraint

The restraint of a student by the application of a device to the student's body, or a limb of the student to restrict the student's movement, and the removal of a device/method that enables the human rights of a student.

Examples of mechanical restraints would include:

- Special clothing or devices designed to prevent injury to a person.
- Soft wrist cuffs or mittens to prevent injuries that occur by hand biting.
- Helmets to prevent hair pulling, head banging or slapping, eye gouging or ear picking.
- Prescribed harness, strapping on wheelchairs, toilet commodes, specialist pieces of equipment.
- Removal of AAC device.



### **Parent/s and carers**

- A legal guardian of a child.
- Another person who has the care, control or custody of a child.
- Another person who generally acts in the place of a parent of a child and has done so for a significant length of time.

### **Physical Restraint**

The use of physical force to prevent, restrict or subdue movement of a student's body or part of their body.

### **Principal**

The individual in charge of the day-to-day operation of a Tasmanian Government school.

### **Risk Management**

Identification, analysis, assessment, prioritisation and management of risks. It is the coordinated allocation and prioritisation of resources to minimise, monitor, communicate and control risk likelihood and/or consequences, or to maximise the realisation of opportunities.

### **Seclusion**

The solitary confinement of a student in a room or area from which their exit is prevented by a barrier or another person. Seclusion may also include situations where a student is left alone in a room or area and reasonably believes they cannot leave that room or area even if physically possible.

### **School/s**

School/s refers to pre-kindergarten/kindergartens, primary, secondary, senior secondary schools and colleges, and any associated facilities.

### **Staff**

Staff means employees, paid workplace participants, visiting staff and volunteers.

### **Students**

Students means all children and young people enrolled at or attending the sites defined under Schools.

## **10. Acknowledgements**

Acknowledgement is given to Queensland Department of Education and Victorian Department of Education and Training for their policy work in this area. The following policies have been referred to in the development of this Procedure to support consistency and alignment with other jurisdictions:

- [QLD – Restrictive Practices Procedure](#)
- [VIC – Restraint and Seclusion Policy](#)

**Authorised by:** Kane Salter, A/Deputy Secretary, Corporate and Business Services

**Contact:** Legal Services; [legal.services@education.tas.gov.au](mailto:legal.services@education.tas.gov.au)

**Last Significant Review:** August 2021

**Review Due:** August 2025

**This Document Replaces:** N/A

DRAFT