



Procedure

Restrictive practices

Implementation date: 23/01/2020
Version: 1.0

Audience

All state educational institutions.

Purpose

This procedure prescribes:

- a) when restrictive practices are permitted to be used in state schools
- b) the reporting, notification and oversight obligations of state school staff, principals, and the principal's supervisor or delegate, and
- c) the obligations of state school staff and principals to manage at risk behaviours of students with the aim of preventing the use of restrictive practices.

Overview

Guiding principles

State school staff have a non-delegable duty of care to take reasonable action to prevent the risk of foreseeable harm to students, themselves and other persons.

Generally, the restrictive practices permitted under this procedure must only be used where:

- a) the restrictive practice is reasonable in all the circumstances, and
- b) there is no less restrictive measure available to respond to the behaviour in the circumstances.

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:

- a) seclusion
- b) physical restraint
- c) containment
- d) mechanical restraint
- e) chemical restraint, and
- f) clinical holding.

Responsibilities

Principal

Principals must ensure that this procedure is being complied with at their school, and in responding to known risk must:

- a) provide training on evidence based positive behaviour support to state school staff
- b) ensure a [Focused Review](#) is conducted after the use of seclusion and any unplanned physical restraint
- c) ensure utilisation of the [Behaviour risk assessment tool – safety or wellbeing](#) to develop and implement Individual Behaviour Support Plans for students that behave in a way that might require the use of restrictive practices
- d) ensure the development and implementation of Individual Behaviour Support Plans and Individual Student Safety Plans in instances where planned physical restraint, mechanical restraint or containment are used, and
- e) ensure data is appropriately recorded for review by the principal's supervisor or delegate.

Principals must also ensure that their school's Student Code of Conduct complies with the requirements in this procedure.

Process

Training

The principal of a state school has a duty to consider arranging formal training that includes evidence based positive behaviour support. If there is a known risk that requires the use of physical restraint, the principal must consider arranging training (from a specialist training provider) that includes physical restraint techniques. The training will be delivered with reference to particular behaviours, the known risk, and be appropriate for responding to the risk presented by individual students or the behaviour risk profile of the school.

In such circumstances the principal must arrange training on:

- a) the implementation of this procedure
- b) the legal obligations of staff (i.e. the duty of care)
- c) evidence based positive and proactive behaviour support strategies
- d) circumstances where the use of restrictive practices may be required to discharge a staff member's duty of care
- e) strategies that assist in preventing and de-escalating behaviour
- f) strategies to manage individual students' behaviour in accordance with any plans related to that student
- g) strategies that assist in preventing behaviour that may require the use of restrictive practices

- h) the risks associated with the use of restrictive practices, including seclusion and physical restraint techniques
- i) reporting and oversight procedures following any use of restrictive practices.

State school staff that have attended training in physical restraint will 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.

Use of seclusion and physical restraint

State school staff may only use seclusion or physical restraint where:

- a) the student is behaving in a way that poses an immediate foreseeable risk of harm to themselves or others
- b) the seclusion or physical restraint is reasonable in all the circumstances as a response to the student's behaviour, and
- c) 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:

- a) proportionate to the risk of harm
- b) discontinued once the risk of harm has dissipated, and
- c) respectful of the student's dignity.

Examples of physical restraint that might be "reasonable" in the circumstances would be:

- a) using manual guidance to prevent a student running onto a busy road
- b) holding a student to prevent them physically attacking someone, or
- c) holding a student's hand to prevent repetitive, serious self-injurious behaviour.

State school 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 should not be used to respond to:

- a) 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
- b) 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
- c) verbal threats of harm from a student, except where there is a reasonable belief that the threat will be carried out immediately, and
- d) 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:

- a) covering the student's mouth or nose, or in any way restricts breathing
- b) taking the student to the ground into the prone or supine position
- c) causing hyperextension or hyperflexion of joints
- d) applying pressure to the neck, back, chest or joints
- e) deliberately applying pain to gain compliance
- f) causing the student to fall, or
- g) having a staff member sitting or kneeling on the student.

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

- a) the age and size of the student
- b) the past behaviours of the student
- c) any impairment/disability/condition that the student may have e.g. obesity, hypermobility, sickle cell anemia, asthma, pregnancy
- d) any history of trauma (including physical and sexual abuse), and
- e) the environment in which the restraint is taking place.

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, state school staff should discontinue the seclusion or physical restraint where:

- a) 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, or
- b) 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, state school staff should:

- a) assess the area or room for objects or surfaces that may present an immediate risk to the student
- b) consider that a history of suicide ideation or self-harm should preclude the use of seclusion on a balance of risk
- c) ensure the student does not have anything in their possession that could be used to harm themselves
- d) ensure that a member of staff is able to observe the student throughout the period they are in seclusion and be available at all times immediately outside the room, and
- e) 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.

State schools must not have designated seclusion rooms or areas.

Containment

Containment can be used as a short term planned strategy with individual students as part of:

- a) 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
- b) 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
- c) 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, their behaviour, the Functional Behaviour Assessment, their Individual Behaviour Support Plan and the assessed and recorded behavioural risk.

Containment should 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, and if necessary seek and document advice in this regard.

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

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

Mechanical restraint

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 should only be implemented when:

- a) there is a foreseeable risk of harm to the student through self-injurious behaviour
- b) 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
- c) other less restrictive approaches have been tried or considered for managing the risk of the behaviour and found to be ineffective at reducing risk
- d) parents have approved the use of mechanical restraint
- e) 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 Individual Student Safety Plan, and

- f) state school 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:

- a) to enable the safe transportation of a student in a vehicle (e.g. booster seat)
- b) to prevent injury from involuntary bodily movement (e.g. head support or brace (head pod)), and
- c) 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).

Chemical restraint

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

For a student who has prescribed emergency medication for their health condition, if the medication is required, state school staff should administer it to the student with reference to the student's Emergency Health Plan or Action Plan and their "Administration of Medication at School Record Sheet" (see [Guidelines for the administration of medication in schools](#)).

Clinical holding

Clinical holding must not be used on a student unless:

- a) it is used in accordance with a Clinical Holding Plan that has been developed for the student
- b) there are no other alternatives that will enable state school staff to provide the necessary care to the student
- c) the use of clinical holding is appropriate and reasonable in the circumstances, and
- d) the state school staff potentially involved in the clinical holding have been trained by an appropriately qualified health professional or someone who the professional recommends to do the clinical holding in accordance with the Clinical Holding Plan.

A Clinical Holding Plan must:

- a) be developed by an appropriately qualified health professional in consultation with the principal and relevant state school staff
- b) outline the specific circumstances in which clinical holding may be used on the student
- c) outline the way in which clinical holding is to be applied to the student
- d) be readily available in OneSchool, and
- e) be 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:

- a) holding a student's hands to prevent them interfering with the application of a prescribed hand guard/splint, and
- b) holding a student in order to manage tasks associated with a percutaneous endoscopic gastrostomy (PEG) or colostomy pouch to provide necessary prescribed care.

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 Clinical Holding Plan.

Principals must review a student's Clinical Holding Plan once a semester and make an appropriate note in OneSchool.

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

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

Clinical holding must not be used:

- a) as a behaviour support strategy
- b) to enforce the compliance of a student in undertaking personal care that is non-urgent and does not present risk to the student, or
- c) to punish a student.

Provision of first aid

This procedure does not prohibit the provision of emergency first aid or care as detailed on a student's healthcare plan. For more information please see the [Managing first aid procedure](#).

Planned restrictive practices – physical restraint

State 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 state school 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). In other words, a plan to use physical restraint must not be considered

the only and the most appropriate response on each occasion and staff 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:

- a) supported by an Individual Behaviour Support Plan that:
 - o is informed by a Functional Behaviour Assessment, and
 - o details the positive and proactive strategies that will be implemented prior to the use of any planned physical restraint
- b) undertaken on the basis of evidence and recorded in the [Behaviour risk assessment tool – safety or wellbeing](#)
- c) informed by a clear documented rationale for the planned use of physical restraint
- d) included in the student's Individual Student Safety Plan
- e) supported by a strategy for reducing the use of the planned physical restraint (that is documented in the Individual Student Safety Plan), and
- f) developed in consultation with the student's parents.

It must be emphasised that state 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.

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 Individual Behaviour Support Plan.

Further, as explained below, principals will provide training on restrictive practices and that training will be tailored to cover specific risk at that particular school.

Individual Student Safety Plan

If a state school is proposing the use of planned physical restraint, mechanical restraint or containment in respect of a particular student, the school must develop an Individual Student Safety Plan. An Individual Student Safety Plan must be read in conjunction with any behaviour support strategies included in a student's Individual Behaviour Support Plan.

The existence of the planned measures should not prevent state school staff from considering the specific facts of each case to ensure that their use of restrictive practices is proportionate and appropriate.

After a seclusion or physical restraint has been used

After using seclusion or physical restraint:

- a) the state school staff member(s) involved in the incident will immediately (e.g. within an hour) notify the principal of the incident
- b) the state school staff member(s) involved in the incident must record the incident in OneSchool as soon as

practicable (e.g. within 24 hours). The report must include:

- i. the name of the student(s) and staff member(s) involved
 - ii. date, time and location of the incident
 - iii. names of witnesses (staff and other students)
 - iv. details of the incident
 - v. any action taken to de-escalate the situation
 - vi. why the restrictive practice was used
 - vii. the nature of the restrictive practice used
 - viii. the duration of the restrictive practice
 - ix. any injuries
 - x. immediate post incident actions, such as first aid or contact with emergency services, and
 - xi. details of any post-incident support provided or organised
- c) the principal will, as soon as practicable (e.g. within the same school day), notify the parents of the student who was the subject of the restrictive practice of the incident
- d) in the case of seclusion or unplanned physical restraint, the principal or deputy principal should conduct a [Focused Review](#)
- e) the staff and principal of the school need to 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 Individual Behaviour Support Plan and Individual Student Safety Plan – refer to [Guidelines and Standards for Focused Review](#))
- f) the principal may consider further training to assist staff working closely with the student
- g) the principal has a duty to consider offering appropriate supports to the following persons:
- i. the student who has been restrained and their parents (this may include inviting parents to participate in decisions involving the student's ongoing support and planning), and
 - ii. 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).

Reporting and oversight

If, at any time, a principal is of the reasonable belief that a restrictive practice used by a state school 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 delegate.

In addition, principals will ensure data is appropriately recorded in OneSchool for review by the principal's supervisor or delegate that outlines:

- a) the number of instances where physical restraint and seclusion were used at the school
- b) the nature of instances where physical restraint and seclusion were used
- c) any plans for the use of mechanical restraint, containment or clinical holding on students
- d) instances where the use of any restrictive practices was not appropriate and measures taken in response

to the inappropriate use of restrictive practices

- e) measures taken by the school to prevent the need for the use of restrictive practices, and
- f) details of the training provided to school staff on the use of restrictive practices.

On the basis of the information provided by the principal of each school about the use of restrictive practices, the principal's supervisor or delegate will consider appropriate action. Actions that the principal's supervisor or delegate might consider include:

- a) providing regional support and advice on the use of restrictive practices to the principal of the relevant school
- b) 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, and
- c) 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.

Focused Review

If a restrictive practice has been used on a student, a member of the school's leadership team should conduct a [Focused Review](#) of the incident as soon as practicable (e.g. within five school days).

The objective of a Focused Review is not to assign or apportion blame. It aims to:

- a) consider the safety and wellbeing of everyone
- b) consider the use of a restrictive practice
- c) determine whether the use was appropriate in the circumstances, and
- d) develop other strategies to potentially respond better to the student's behaviour in the future.

As part of the Focused Review, the member of the school's leadership team should consult:

- a) the staff member(s) involved in the incident
- b) the student who was the subject of the restraint (if possible), and
- c) any other relevant persons (i.e. witnesses, parents of other students involved).

The school leadership team member must maintain a written record of a Focused Review and any actions taken as a result. Actions that a principal might take after a Focused Review might include:

- a) amending the Individual Student Safety Plan of the student who was the subject of the restrictive practice
- b) arranging training for staff members in positive behaviour support, de-escalation strategies and if necessary the use of restrictive practices.

For further materials on conducting a Focused Review, please see [Guidelines and Standards for Focused Review](#).

Definitions

Appropriately qualified health professional	A qualified health professional employed by the Department of Education with the relevant skills and knowledge to assess, plan and evaluate healthcare. Health professionals are registered with AHPRA or eligible for membership with the relevant national professional body.
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.
Focused Review	Focused Review is a reflective, supportive process that is used to analyse incidents and does not seek to apportion blame. Focused Review will identify systems problems, address any practice issue and ensure future planning to support students is appropriate and effective. It provides an opportunity for continual improvement and evaluation of strategies with a focus on ensuring staff are supported.
Individual Student Safety Plan (ISSP)	Identifies a specific student and references the planned, evidence based, proactive and positive behaviour supports the school implements that are identified in the Individual Behaviour Support Plan. It identifies behavioural risk, and potential behaviour risk outcomes that may require a restrictive response to manage the immediate risk of harm to the student or other people.
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. Examples of mechanical restraints would include: <ul style="list-style-type: none"> a) special clothing or devices designed to prevent injury to a person b) soft wrist cuffs/ mittens, to prevent injuries that occur by hand biting c) helmets to prevent hair pulling, head banging or slapping, eye gouging or ear picking.
Physical restraint	The use of physical force to prevent, restrict or subdue movement of a student's body or part of their body.
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.

State educational institution

An institution established under Chapter 2 of the [Education \(General Provisions\) Act 2006](#). The term “schools” is used in this procedure to refer to a state educational institution.

Legislation

- [Anti-Discrimination Act 1991 \(Qld\)](#)
- [Criminal Code Act 1899 \(Qld\)](#)
- [Disability Discrimination Act 1992 \(Cwth\)](#)
- [Education \(General Provisions\) Act 2006 \(Qld\)](#) Chapter 12
- [Human Rights Act 2019 \(Qld\)](#)

Delegations/Authorisations

- Nil

Related policies

- [Code of Conduct for the Queensland Public Service](#)
- [Department of Education Standard of Practice](#)

Related procedures

- [Administration of medications in schools](#)
- [Managing first aid procedure](#)

Guidelines

- [Principal guidelines - student discipline](#)
- [Guidelines for the administration of medication in schools](#)

Supporting information/websites

- [Accidents, incidents and incident investigations](#)
- [Behaviour risk assessment tool – safety or wellbeing](#)
- [Complaint process for restrictive practices](#)
- [Fact sheet – Restrictive practices \(physical restraint, mechanical restraint and chemical restraint\)](#)
- [Fact sheet – Restrictive practices \(seclusion, containment and time out\)](#)
- [Fact sheet – Restrictive practices \(clinical holding\)](#)
- [Fact sheet – Restrictive practices \(practice principles\)](#)
- [Guidelines and Standards for Focused Review](#)
- [Template for Individual Student Safety Plan](#)

Contact

For more information, please contact your closest [regional office](#).

Review date

23/01/2023

Superseded versions

Previous seven years shown. Minor version updates not included.

6.0	Safe, supportive and disciplined school environment
7.0	Safe, supportive and disciplined school environment

Creative Commons Licence

