Restrictive practices procedure

SOP TEMPLATE

Check this template against your local regulations and your own policies before you use it.

SOP no.		Version		Effective date	
Owner		Approver		Review date	

Purpose

To protect the rights, dignity and safety of the people we support by making sure a restrictive practice is used only as a last resort, with consent and authorisation, for the shortest time, and is monitored, recorded and reviewed.

Scope

Every worker, nurse and manager in residential care, home care and disability support, for every person we support. It covers planned restrictive practices and their use in an emergency.

Responsibilities

Role	Responsibility
Support worker or care staff	Uses alternatives first, follows the person's behaviour support plan, never uses a restriction that isn't authorised except in an emergency, and records every use.
Registered nurse or clinical lead	Assesses the person, works with their doctor or behaviour support practitioner, and monitors the person's wellbeing during and after any use.
Care or service manager	Checks consent and authorisation are in place, reviews every use, and reports as the law and regulator require.

Definitions

Restrictive practice: Any practice or intervention that restricts a person's rights or freedom of movement, such as physical, mechanical, chemical or environmental restraint, or seclusion.

Chemical restraint: Using a medicine mainly to influence a person's behaviour, rather than to treat a diagnosed condition.

Behaviour support plan: A written plan for a person that explains their needs, the strategies that help, and any authorised restrictive practice and how it's used.

What you need

- The person's care plan or behaviour support plan
- The restrictive practice register and use record

Procedure

1. **Try alternatives first**

   Look for the reason behind the behaviour, such as pain, fear, boredom or an unmet need, and try other ways to meet it, such as changing the routine, the environment or the person supporting them.

2. **Assess the person**

   If a restriction may still be needed, the clinical lead arranges an assessment by a suitable health practitioner, which records why it's needed and what alternatives were tried.

3. **Get informed consent**

   Explain the practice, its risks and alternatives to the person, or to their substitute decision-maker if they can't decide, and record their consent.

   > **Caution:** Who can give consent, and what authorisation is needed, is set by law and differs by country and state. Check the rules that apply to you.

4. **Authorise and plan it**

   Get the authorisation your local law and regulator require, and write the practice into the person's care or behaviour support plan, with when it may be used and for how long.

5. **Use it only as planned**

   Use the least restrictive option, for the shortest time, only in the way the plan says, and keep the person's dignity and safety at the centre.

6. **Monitor the person**

   Watch the person throughout and afterwards for distress, injury and side effects, and stop as soon as it's no longer needed.

7. **In an emergency**

   If a person or others are at immediate risk of serious harm and there's no authorisation, use the least restrictive option only for as long as needed, then tell the manager and record it straight away.

8. **Record every use**

   Record the date, time, how long, why, what was tried first, who was involved and how the person was afterwards, the same shift.

9. **Report and review**

   The manager reviews every use, reports to the regulator where the law requires, and reviews each planned practice regularly with the person, their family and practitioner, aiming to reduce and remove it.

Records

- The restrictive practice register, listing each person's authorised practices and review dates.
- Assessments, consent and authorisation records.
- A record of every use, including emergencies.
- Reports made to the regulator.

Related documents

- Incident management procedure
- Medication administration procedure
- Falls prevention procedure
- Dignity of risk and choice policy

Revision history

Version	Date	What changed	Approved by