

QASMT Restrictive Practices Policy

Inspiring Great Minds



Queensland Academy
for Science Mathematics
and Technology



RATIONALE

Queensland Academy for Science, Mathematics and Technology (QASMT) is an independent public school for highly capable students in Years 7 to 12. We continually challenge every student to reach their potential by setting high academic goals and behavioural expectations. QASMT is committed to providing a safe, respectful and disciplined learning environment for students and staff. The QASMT Student Code of Conduct, and the policies pertaining to the Student Code of Conduct, are designed to facilitate high standards of behaviour so that learning and teaching can be effective and students can participate positively within our community.

The Restrictive Practices Policy outlines the process, conditions and responsibilities for school staff at QASMT when they need to respond to student behaviour that presents a risk of physical harm to the student or to others. It is anticipated that most instances of risky behaviour can be de-escalated and resolved quickly. On some rare occasions, a student's behaviour may continue to escalate and staff may need to engage immediately with positive and proactive strategies aimed at supporting the student to manage their emotional arousal and behaviour.

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:

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

Staff, students and parents/caregivers should read the QASMT Student Code of Conduct in conjunction with this QASMT Restrictive Practices Policy and the Department of Education's Restrictive Practices. In some very rare situations, where there is immediate risk of physical harm to the student or other people, and when all other alternative strategies have failed to reduce the risk, it may be necessary for staff to use restrictive practices. The use of restrictive practices will always be as a last resort, when there is no other available option for reducing immediate risk to the student, staff or other people.

DEFINITION OF 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, and
- clinical holding

The Department of Education's Restrictive Practices prescribes:

- when restrictive practices are permitted to be used in state schools
- the reporting, notification and oversight obligations of state school staff, principals and the principal's supervisor or delegate
- 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

The department's Restrictive Practices is written with consideration for the protection of everyone's human rights, health, safety and welfare. There are six fundamental principles:

1. Regard to the human rights of those students
2. Safeguards students, staff and others from harm
3. Ensures transparency and accountability
4. Places importance on communication and consultation with parents and carers
5. Maximises the opportunity for positive outcomes, and
6. Aims to reduce or eliminate the use of restrictive practices.

Very rarely restrictive practices will be planned and staff will employ, when necessary, pre-arranged strategies and methods (of physical restraint/ mechanical restraint/ clinical holding) which are based upon behaviour risk assessment or clinical health need and are recorded in advance. The use of planned strategies will only be where there is foreseeable immediate risk consistent with the Department of Education's Restrictive Practices.

Following the use of any restrictive practice, a focused review will help staff to understand how they responded to the risk in any incident that involved the use of a restrictive practice. Staff will consider whether there are other options for managing a similar situation in the future.

USE OF SECLUSION AND PHYSICAL RESTRAINT

Academy staff will only use seclusion or unplanned physical restraint where:

- the student is behaving in a way that poses an immediate foreseeable risk of harm to themselves or others
- 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
- discontinued once the risk of harm has dissipated, and
- respectful of the student's dignity.

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

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

Academy staff will 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 will 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, and
- property destruction caused by the student unless the property destruction is placing any person at a risk of harm.

In any instance where seclusion or physical restraint is used, the student will 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.

CONTAINMENT

- Containment may be used as a short term planned strategy with individual students as part of intensive 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 will 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.

MECHANICAL RESTRAINT

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

CHEMICAL RESTRAINT

Academy staff will not use any chemical restraint to control or subdue a student's behaviour. However, 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, staff will 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 \(DOCX, 3.5MB\)](#)).

CLINICAL HOLDING

Clinical holding will not be used on a student unless:

- it is used in accordance with a Clinical Holding Plan that has been developed for the student
- there are no other alternatives that will enable state school staff to provide the necessary care to the student
- the use of clinical holding is appropriate and reasonable in the circumstances, and
- 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.

The procedure of any restrictive practice does not prohibit the provision of emergency first aid or care as detailed on a student's healthcare plan.

All incidents of restrictive practices will be recorded and reported in line with Department of Education's procedures. In the event that a parent or caregiver is not satisfied with the decisions associated with the use of a restrictive practice with their student, they may wish to use the customer complaints process. Parents/Caregivers are encouraged to use the following three-step approach:

Step 1. Early resolution: the best place to raise concerns is at the point where the problem or issue arose. Depending on the concern, parents/caregivers may make their complaint to the child's teacher or the principal.

Step 2. Internal review: if a parent/caregiver is dissatisfied with the outcome, or how the complaint was handled, a request can be made to the local Regional Office to conduct an internal review.

Step 3. External review: if a parent/caregiver is dissatisfied after the internal review, they may wish to contact a review authority such as the Queensland Ombudsman and request an independent, external review.

Term	Definition
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 (DOCX, 217KB) 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	<p>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.</p> <p>Examples of mechanical restraints would include:</p> <ul style="list-style-type: none"> • special clothing or devices designed to prevent injury to a person • soft wrist cuffs/ mittens, to prevent injuries that occur by hand biting • 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 External link . The term "schools" is used in this procedure to refer to a state educational institution.

Legislation

- [Anti-Discrimination Act 1991 \(Qld\)](#) [External link](#)
- [Criminal Code Act 1899 \(Qld\)](#) [External link](#)
- [Disability Discrimination Act 1992 \(Cwth\)](#) [External link](#)
- [Education \(General Provisions\) Act 2006 \(Qld\)](#) [External link](#) Chapter 12
- [Human Rights Act 2019 \(Qld\)](#) [External link](#)
- [Information Privacy Act 2009 \(Qld\)](#) [External link](#)