



Covid-19 Behaviour Support and Restrictive Practices

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Policy Intention

- Current advice from the Commonwealth Chief Medical Officer is that people confirmed as having COVID-19 must be isolated.
- Everyone must adhere to the measures limiting public gatherings. Information on this can be found on the [Australian Government Coronavirus \(COVID-19\)](#) webpage.
- Isolating an NDIS participant based on **medical advice that is consistent with the Commonwealth Chief Medical Officer**, and/or preventing that person from public gatherings that are currently limited, is **NOT** considered an NDIS Commission regulated restrictive practice.

What is a coronavirus and COVID-19?

Coronaviruses can make humans and animals sick. Some coronaviruses can cause illness similar to the common cold and others can cause more serious diseases, including Severe Acute Respiratory Syndrome (SARS) and Middle East respiratory syndrome (MERS).

This new coronavirus originated in Hubei Province, China and the disease outbreak is named COVID-19

How is this Coronavirus spread?

The coronavirus is most likely to spread from person-to-person through:

- Direct close contact with a person while they are infectious
- Close contact with a person with a confirmed infection who coughs or sneezes, or
- Touching objects or surfaces (such as door handles or tables) contaminated from a cough or sneeze from a person with a confirmed infection, and then touching your mouth or face.

Most infections are only transmitted by people when they have symptoms. These can include fever, a cough, sore throat, tiredness and shortness of breath

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How can we help prevent the spread of Coronavirus

Practicing good hand and sneeze/cough hygiene is the best defense against most viruses. You should:

- Wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- Cover your cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser
- And if unwell, avoid contact with others (touching, kissing, hugging, and other intimate

Briefing NDIS participants about changes to their day-day activity plans

To allow the person to **exercise choice and control** over decisions that affect them:

- Speak to them about COVID-19 and seek their input about sudden changes to their activities due to the measures being implemented.
- Provide them with the right information and seek their views, as this will help you develop different strategies and approaches.
- Share information about adjustments and changes that may happen because of medical isolation and/or due to the closure of services.

Medical Isolation

If a medical practitioner directs a person to isolate or be quarantined in line with the Australian Government Chief Medical Officer's advice then it is **NOT** considered an NDIS Commission regulated restrictive practice.

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Who needs to isolate?

To help limit the spread of coronavirus, you must isolate yourself in the following circumstances:

- If you have left, or transited through, mainland China in the last 14 days you must isolate yourself for 14 days from the date of leaving mainland China.
- If you have left, or transited through Iran on or after 1 March, you must isolate yourself until 14 days after leaving Iran.
- If you have been in close contact with a confirmed case of coronavirus, you must isolate yourself for 14 days from the date of last contact with the confirmed case

What does isolate in your home mean?

People who must isolate need to stay at home and must not attend public places, in particular work, school, childcare or university. Only people who usually live in the household should be in the home.

Do not allow visitors into the home. Where possible, get others such as friends or family who are not required to be isolated to get food or other necessities for you. If you must leave the home, such as to seek medical care, wear a mask if you have one.

For more information visit: <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

What do I do if I develop symptoms?

If you develop symptoms (fever, a cough, sore throat, tiredness or shortness of breath) within 14 days of leaving mainland China or Iran, or within 14 days of last contact of a confirmed case, you should arrange to see your doctor for urgent assessment.

You should telephone the health clinic or hospital before you arrive and tell them your travel history or that you may have been in contact with a potential case of coronavirus. You must remain isolated either in your home or a healthcare setting until public health authorities inform you it is safe for you to return to your usual activities

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Who is most at risk of a serious illness?

Some people who are infected may not get sick at all, some will get mild symptoms from which they will recover easily, and others may become very ill, very quickly. From previous experience with other coronaviruses, the people at most risk of serious infection are:

- People with compromised immune systems, such as people with cancer
- Elderly people
- Aboriginal and Torres Strait Islander people
- Very young children and babies, and
- People with diagnosed chronic medical conditions

How is the Virus treated?

There is no specific treatment for coronaviruses. Antibiotics are not effective against viruses. Most of the symptoms can be treated with supportive medical care

Should I wear a face mask?

You do not need to wear a mask if you are healthy. While the use of masks can help to prevent transmission of disease from infected patients to others, masks are not currently recommended for use by healthy members of the public for the prevention of infections like coronavirus.

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Practical guidance for NDIS participants with behaviour support needs

- In the case of a medically directed need for isolation, **review the person's behaviour support plan** (if they have one) for any recommendations for managing their behaviours of concern as well as the common triggers for their behaviour.
- Many community access services will be affected by the measures limiting public gatherings. **Activate a business continuity plan**, such as providing alternative community access that complies with state or territory requirements, or at-home activities.
- Identify the **person's preferred modes of communication**, as effective communication can help to reduce their anxiety about any changes that need to happen.
- If the person you support wishes to attend public gatherings that they typically participate in, and those gatherings are currently limited, it is critical that you **gently explain to them why they cannot** participate during this period. Refer to their behaviour support plan (if they have one) for any recommendations before doing so.
- If the person does not have a behaviour support plan, draw on your existing **understanding of their interaction and communication preferences**. Or ask someone who knows them well, what those preferences are.
- Consider known **triggers for the person's behaviour of concern** and put in place strategies to mitigate these. Some common triggers are boredom, sudden changes to routines, missing friends or families, and communication difficulties.
- Take into account the **person's preferences** when preparing activities or indoor recreational activities that may be used for time in isolation at home. Ask what they wish to do or offer alternatives that are not inconsistent with the Commonwealth Chief Medical Officer's advice. For example, cooking or baking together at home, fun recreational activities that adhere to social distancing requirements at the home, or going for walks.
- Implementing social distancing amongst between the people you support and your workers may be challenging in certain environments. It is useful to **explain to everyone the need for and importance of social distancing** and ask them what activities they wish to do. For example, some may prefer to do activities on their own or where they do not need to be in close proximity with others. These activities may include a social story-telling activity, individual art or craft, spending time in one's own room to play computer games, read a book or write a journal, individual dance (e.g. "silent disco") or sing-along sessions.
- Maintaining the **person's social and family network** through telephone, social media or videoconferencing facilities are helpful in ensuring connectedness to friends and families during this period of COVID-19 isolation. Some activity ideas include sharing news or stories

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using video-phone links or sending photos of themselves doing an activity or sharing news via the telephone.

- Consider rostering **support staff with whom the person is familiar** or gets along well with.

Behaviours of concern after risk mitigation strategies are implemented

- Any requirements to self-isolate or quarantine (as set out in state or territory Public Health Orders) may, at times, lead to the subsequent use of restrictive practices. For example, if the health order to self-isolate leads to a person being confused or angry about being in 'isolation', which then leads to behaviours of concern (such as leaving their home unsupported placing the person at risk), you may need to apply an environmental restraint, such as locking the doors for this period. **It is not a reportable incident if it is within the required period for self-isolation** as directed by the Commonwealth Chief Medical Officer to the whole community.
- However, if a physical restraint is used to prevent a person leaving the home, **then it is a regulated restrictive practice and its use is reportable**. If the physical restraint is not part of the person's existing behaviour support plan then it is a reportable incident.
- To prevent resorting to the use of physical restraint, it is important to speak to the person about why self-isolation and social distancing are needed. During this difficult time, it is more important to focus on **comforting and reassuring** the person, and providing them with a level of safe choice and control. The use of physical restraint should be the last resort of intervention.
- Staff supporting a person who is in isolation need to follow appropriate universal **infection control precautions**.
- Contact the person's **specialist behaviour support practitioner** or any other behaviour support practitioner in your organisation that may be able to assist.

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Implementing a new regulated restrictive practice to support an NDIS participant

The following NDIS provider requirements apply when using regulated restrictive practices.

If a new restrictive practice for an NDIS participant is identified as needed, you must facilitate steps to engage an NDIS Behaviour Support practitioner to obtain an **interim behaviour support plan and a comprehensive behaviour support plan** for that person. This may require an NDIS plan review or locating an appropriate service providers.

The list of service providers can be found on the NDIS 'myplace provider portal' under the service provider finder. Search for providers by their name, profession or support category. Where appropriate and available behaviour support plans can be done over the phone.

If this restrictive practice is not in accordance with a behaviour support plan and does not have current authorisation from your state or territory, it is a reportable incident to the NDIS Commission as an unauthorised restrictive practice.

Using restrictive practices as a 'precaution'

If you isolate an NDIS participant because you are concerned about their health but there is no directive from a medical practitioner that is in line with the Commonwealth Chief Medical Officer's advice, then this could be a regulated restrictive practice. You should follow the Australian Government's advice on COVID-19 symptoms and always seek medical advice where a person's health presents a concern.

Your workers should never make assumptions about the nature of the person's health issue, or disregard symptoms that may relate to COVID-19.

It is **not a regulated restrictive practice** if there is a self-isolation order or any other direction to the community as a whole that is issued by the Australian Government Chief Medical Officer or as directed by state and territory Chief Health Officers.

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If your decision causes an NDIS participant to have more restricted access to the community than they would normally have, within the current limits on public gatherings, then it may be an **environmental restraint or seclusion**.

For example, a person normally visits their friend over the weekend. The friend is not sick. It is a regulated restrictive practice if you prevent the person from visiting the friend who is not sick.

The NDIS Commission recognises that this advice needs to be considered in the context of community movement restrictions, which may be progressively put in place across Australia.

When should disability support workers use PPE?

Outside of usual clinical care requirements, there is no requirement for workers supporting NDIS participants to wear surgical masks or other items of PPE unless they are working with people who have suspected or confirmed COVID-19, and:

- supports being provided are essential to the participant's life, health or safety
- contact between people exceeds Australian Government Department of Health guidelines for social distancing or isolation.

It is recommended that NDIS and disability support providers delivering supports to people in residential settings follow the interim advice from the Australian Government Department of Health on the care of people with suspected or confirmed COVID-19.

Where a worker is suspected of having been exposed to COVID-19 or is displaying symptoms of COVID-19, they should not be providing direct support to NDIS participants. PPE is not an appropriate solution to workers in this situation.

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How can I find information about risk of infection in the locations that I provide services?

For the latest advice, information and resources go to the [Australian Government Department of Health](#) website.

Call the National Coronavirus Health Information Line on **1800 020 080**. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of each state or territory public health agency is available on the [Department of Health](#) website.

Information for NDIS participants and providers is available on the [NDIS](#) website and the [NDIS Commission](#) website.

The [Coronavirus \(COVID-19\) information webpage](#) on the NDIS Commission website contains links to updates, training, alerts and other resources.

Definitions

Under the NDIS (Restrictive Practice and Behaviour Support) Rules 2018:

- **Environmental restraint** is defined as ‘restrict a person’s free access to all parts of their environment, including items or activities’.
- **Seclusion** is defined as ‘Seclusion, which is the sole confinement of a person with disability in a room or a physical space at any hour of the day, or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.’

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Further information, alerts and resources

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Contact Us

If you have any queries or complaints about our Privacy Statement, please contact us at:

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