



Restrictive Practices and Restraint Elimination Policy

Key points I need to know:

- Restraint is a clinical intervention that requires prior approval and consent.
- Restraint is a last resort, should other less restrictive options fail.
- Staff are trained in restraint minimisation and safe practice.
- Staff can remove themselves from harm's way to ensure their personal safety.

Policy Statement

Hōhepa Wellington is committed to providing support and care that upholds the dignity, rights, and safety of all individuals. This policy outlines our aim for a restraint-free environment. We recognise that restraint is a serious intervention and must be considered as a last resort, in circumstances where it is necessary to ensure the safety and wellbeing of those in our care.

Restraint is a last-resort clinical intervention, used only to prevent harm and for the shortest time necessary after all appropriate alternatives (e.g. De-escalation) have been considered.

Responsibility

General Manager

- Overall responsibility for ensuring compliance with this policy and standards.

Service Managers

- Ensure services operate in accordance with this policy and NZS 8134:2021.
- Monitor and support House Managers to implement restraint minimisation strategies.

House Managers

- Ensure restraint minimisation strategies are implemented, staff are trained in safe and positive behaviour support practices and trauma informed approaches.
- Organisational processes for restraint approval, use, and review are followed.
- Detailed requirements and processes for House Managers are outlined in the Restraint Minimisation Procedure Guideline.

Key Principles:

- **Duty of Care:** Taking responsible steps to prevent harm, using least restrictive interventions possible.
- **Least Restrictive:** Use of restraint must be clinically justified. De-escalation and withdrawal must be considered first.
- **Cultural Sensitivity:** Procedures reflect cultural best practice.



- **Dignity & Respect:** Dignity and rights of the person being supported must be preserved during any restraint practices.
- **Safety:** Staff must consider their own safety before any intervention.
- **Ethical and Legal Compliance:** All actions must align with the NZ Standard: *Health and Disability Services Restraint Minimisation and Safe Practice Standard* (NZS 8134:2021) and relevant organisation policies.

Scope

This policy shall apply to all people who receive support and services from Hōhepa, all employees, volunteers and related service providers.

Ethical & Legal Considerations:

The practice of restraint is guided by clear ethical principles. It requires acting in the best interests of the people we support, preventing harm to them, and protecting the safety of self and others. Restraint must always be undertaken in a way that upholds the dignity, rights, and wellbeing of the people we support. This policy affirms that restraint is a serious intervention and must be considered only when all other options have been exhausted, ensuring that our responsibilities to those in our care remain at the centre of decision-making.

Definitions

Consumer: At Hōhepa the term ‘person we support’ is equivalent to the term “consumer” as used in the Code of Health and Disability Services Consumers’ Rights. Previous terminology has included ‘resident’ and ‘service user.’

De-escalation: An interactive process in which a person is redirected from an unsafe course of action towards a supported and calmer emotional state. This usually occurs through timely, appropriate interventions and is achieved by employees using skills and practical alternatives.

Restraint: The use of any intervention that limits a person’s normal freedom of movement.

Personal Restraint: Where an individual uses their own body to intentionally limit the movement of another person.

Physical Restraint: Where an individual uses equipment, devices or furniture that limits a person’s normal freedom of movement. For example, where a person is unable to independently get out of a chair due to the design of the chair, the use of a belt, the position of a table or fixed tray.

Environmental Restraint: Where a person’s normal access to their environment is intentionally restricted by locking or blocking doors. For example, a person cannot go outside as they are unable to open the door. Environmental restraint is NOT permitted at Hōhepa as it could lead to seclusion.

Chemical Restraint: The use of medication to restrict movement or sedate a person. The medication is not usually used for the person’s medical treatment.



Seclusion: Where a person is placed alone in a room or area, at any time for any duration, from which they cannot freely exit. Seclusion is not permitted at Hōhepa.

Restraint Minimisation Committee (RMC): The RMC is a committee which includes service managers, senior management, people we supports' voice, and the health and safety representative. Its responsibilities are detailed in the Procedure.

Positive Behaviour Support (PBS): PBS is a three-tiered framework for working with challenging behaviour by understanding its underlying causes and teaching alternative pro-social skills. A fundamental goal of PBS is minimising the need to use restraint and restrictive practices.

Trauma-informed practice: At Hohepa, trauma-informed practice helps create a safe, respectful environment by recognizing the effects of trauma and promoting empathy and choice. Working to eliminate restraint supports dignity and reduces harm, aligning with person-centred care and positive support strategies.

Crisis Prevention Institute's (CPI) Verbal and Safety Intervention: Hōhepa Wellington uses the CPI Verbal and Safety Intervention training framework which focuses on prevention, calming and intervention as well as techniques for restraint.

Restrictive Practice Definitions

Environmental Restraint: An environmental restraint is defined as using the environment (e.g. locks and barriers) to intentionally restrict a person's normal access to an area.

Exclusions

- Fencing and gates required by other legislation - such as pool fencing.
- Typical domestic security measures - such as locked doors overnight, where the intention is solely for safety from intruders and not to prevent people we support leaving the property.
- Privacy locks - such as locking the staff bedroom when in use at night, internal bathroom locks, or people we support locking their own bedrooms.
- Organisational requirements - such as locks on storage areas for petty cash, medication, and personal support information.
- Dangerous substances - Such as locks on storage areas for chemicals and cleaning products.

Personal Restraint (Personal Hold) - Personal restraint is defined as deliberately restricting a person's movement by using your own body.

A medical professional may determine that a physical or personal restraint is required to complete a medical assessment or intervention. A medical professional may make this



decision if they have determined that the risk of not receiving a medical intervention outweighs the risk of using a restraint.

- Note: in the absence of specific direction from medical professionals, staff should not assist with these restraints. If asked and they do not feel confident or safe to assist, staff may decline.

Physical Restraint (Mechanical Restraint) - The use of equipment or furniture to intentionally restrict a person's movement.

Exclusions

- Equipment required by law - such as seatbelts in motor vehicles.

Enablers - A device, piece of equipment or furniture recommended by an appropriately qualified and experienced registered health professional, that is voluntarily used by a person, which may restrict or limit their normal freedom of movement, but is intended to promote their comfort, independence and/or safety.

Exclusions

- When the intention of the device, piece of equipment or furniture is to deliberately prevent freedom of movement, for reasons other than to promote their comfort, independence, or safety. Such as when a chair is reclined in order to prevent the person being able to get up and walk around.

Emergency withdrawal - An unplanned withdrawal of a support worker from the environment of the person we support due to an immediate and imminent risk to harm to self.

Not Permitted Types of Restriction

Seclusion - is a form of restraint that can only be used legally in the context of compulsory treatment (under the Mental Health Act (MHA) or Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (IDCCR Act). Seclusion is broadly defined as occurring when “a consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.”

Chemical Restraint - The use of medication prescribed solely for behaviour control, in the absence of a psychiatric diagnosis associated with the behaviour of concern.

References

Ngā Paerewa Health and Disability Sector Standards – NZS 8134.2021 (Section 6)

[The Code of Health and Disability Services Consumers' Rights](#)

[Human Rights Act 1993](#)



[Code of Health and Disability Services Consumers' Rights](#)

[Health and Disability Commissioner Act 1994](#)

[Health Information Privacy Code 2020](#)

[Privacy Act 2020](#)

[Crimes Act 1961](#)

[Health & Safety at Work Act 2015](#)

Associated Documents

Restrictive Practices and Restraint Elimination Procedure Guidelines

Restraint Referral Form V 0.2

Restraint Extension or Discontinuation Form V 0.1

Incident Reporting Policy

Positive Behaviour Support LMS Module

Te Tiriti o Waitangi policy

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