



National Disability Services

Queensland

NDS Restrictive Practices Checklist

This Checklist should be used in conjunction with the
NDS Restrictive Practice Workbook

This resource is available on the NDS Queensland Projects website
(www.ndsqldprojects.net/rp/guide.htm).

Introduction

This checklist and accompanying workbook have been developed by NDS Qld to support disability organisations in their progress towards compliance with the new restrictive practice amendments to the DSA (2008). This material has been developed with the assistance of an experienced auditor; however, it does not constitute legal or policy advice from Government. All services are reminded to ensure they have comprehensively reviewed the requirements of the new legislation and associated chemical restraint policy framework and given full consideration to the implications for their service. These can be found online (at: www.disability.qld.gov.au)

The NDS resources contain a list of trigger questions and an indication of useful evidence (not an exhaustive list), which may be of value to organisations during the internal auditing process. Completion of the checklist and workbook does not guarantee full compliance; however, it should be a useful starting point.

By answering 'no' to any of the following checks, you may have a non-conformance or an observation may be noted by the audit team.

NDS Restrictive Practices Checklist

Conformance Check	Action	Important notes
Check 1: Have you reviewed whether you use restrictive practices as defined by the legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check 2: Have you determined that the use of restrictive practice is consistent with the legislation: only to prevent harm in the least restrictive manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check 3: Have you determined whether the service user/s the subject of the restrictive practice has/have an authorised guardian for the RPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check 4: If the service user has an authorised guardian RPs, have you obtained the authorised guardian's documented consent to the restrictive practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check 5: For service users that do not have an authorised guardian: have you undertaken an assessment/review of the adult	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check 6: Does the assessment identify the nature and causes of the behaviour, and include strategies for managing the behaviour that meet the service user's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check 7: If you are restricting access to a service user, what evidence do you have that you are minimizing the impact on other service users at the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check 8: If you are containing or secluding a service user, have you notified DSQ within the prescribed timescale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check 9: If the service user is receiving disability support from more than one disability service provider have you determined if your service is	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>accepting responsibility for their PBSP?</p> <ul style="list-style-type: none"> • If your service IS responsible for writing the PBSP, have completed the coordination assessment & planning, and obtained authorisation for the use of Restrictive Practice/s; so that a single behaviour support plan reflects the adult's different needs in different service environments? OR • In situations where primary responsibility is difficult to ascertain or by mutual agreement between service providers, has this arrangement been varied such that your service has accepted the primary responsibility for coordinating assessment, planning, and obtaining authorisation for the use of Restrictive Practice/s; so that a single behaviour support plan reflects the adult's different needs in different service environments? OR • If your service does NOT have the primary responsibility for coordinating assessment, planning, and obtaining authorisation for the use of Restrictive Practice/s; are you actively collaborating with the responsible service provider to ensure that a single behaviour support plan reflects the adult's different needs in different service environments? 		
<p>Check 10: For service users that do not have an authorised guardian, have you arranged for an AQEP or SRS team (in cases of containment & seclusion) to undertake a comprehensive assessment of the adult within the prescribed timescale?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 11: When the use of more than one restrictive practice is proposed for one service user, have you obtained consent for each one, e.g. one for seclusion & one for chemical restraint? (both should be included in one PBSP for the adult)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 12: Have you reviewed which of your service users receives medication which may constitute chemical restraint?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Check 13: Have you arranged for (or otherwise ensured) an annual medication review by the treating doctor as an element of the annual comprehensive health check for each of your service users who may be receiving chemical restraint? (relates to good practice)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 14: Have you arranged for an AQEP to coordinate the process of gaining approval for the use of chemical restraint, for service users who may already be receiving medication for the purposes of chemical restraint, or who you believe may benefit from the use of chemical restraint? Have you assisted the AQEP to arrange access to relevant information by the treating doctor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 15: If the treating doctor has/has not prescribed chemical restraint in the Current Medication Summary, have you documented any differences of opinion between stakeholders and (so far as possible) resolved those differences?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 16: If yes to checks 12 & 13:</p> <ul style="list-style-type: none"> • If the service user has a cognitive disability such as an acquired brain injury, have you asked the treating doctor to apply the same approach as for a service user with an intellectual disability? • If the service user is subject to a forensic order or involuntary treatment order (ITO), was the consultation undertaken by a psychiatrist? • Have you clarified with the treating doctor that the medication is chemical restraint? • Did the AQEP and a service provider representative attend this consultation? • Was the service user, the service user's guardian or family members encouraged to attend the consultation? • Has the treating doctor completed the Current Medication Form with recommendation regarding the use of chemical restraint? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Check 17: Have you developed a positive behaviour support plan for all service users subject to Restrictive Practice/s?</p> <p>Does the plan meet all the requirements of the legislation?</p> <p>Was the service user, the service user's guardian or family members, the treating doctor, and relevant others involved and consulted as part of the plan design?</p> <p>Were the service user's unique attributes considered, including their communication support needs as well as their cultural, linguistic and social background?</p> <p>N.B. Plan not needed with fixed dose chemical restraint in respite services</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 18: Have you implemented the positive behaviour support plan in a manner consistent with the requirements of the legislation?</p> <p>Was the service user, the service user's guardian or family members, the treating doctor, and relevant others involved and consulted in the implementation of the plan?</p> <p>Are the service user's unique attributes considered, including their communication support needs as well as their cultural, linguistic & social background in the implementation of the plan?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 19: For all service users subject to Restrictive Practice/s do you have systems in place to ensure that the restrictive practice is monitored regularly and reviewed at the agreed timescale?</p> <p>Do you have policies and procedures that detail how the positive behaviour support plan will be reviewed and monitored?</p> <p>Is the process of monitor and review consistent with the requirements of the legislation?</p> <ul style="list-style-type: none"> • Has a baseline been established to benchmark effectiveness of the plan? • Has the effectiveness of the plan been 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>monitored?</p> <ul style="list-style-type: none"> • Have you reviewed the effectiveness of the plan and considered whether the strategies individually or in combination should be continued? • Have you used the information you have gathered to evaluate the original hypothesis regarding the cause of the behaviour? <p>Was the formal review of the restrictive practice (and associated positive behaviour support plan) conducted within the timeframe mandated by the legislation?</p> <p>Was the service user, the service user's guardian or family members, the treating doctor, and relevant others, involved and consulted as part of the review of the chemical restraint (this may be included in a full review of the positive behaviour support plan)?</p>		
<p>Check 20: When any changes are made to the restrictive practices:</p> <ul style="list-style-type: none"> • Have you consulted the AQEP, the service user, the service user's guardian or informal decision maker, other service providers who are providing services to the service user, and other involved people? • Has the prescribing doctor been involved in making recommended changes to the positive behaviour support plan if chemical restraint is involved? • Has the consent of the guardian to the changes been documented? • If the guardian failed to give consent, did the original plan • Has a copy of the amended plan been made available to the service user, any guardian or informal decision maker and other involved people? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 21: If the GAAT is conducting a formal review of the restrictive practice have you provided sufficient information for the GAAT to make an informed decision?</p> <ul style="list-style-type: none"> • Assessment report 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<ul style="list-style-type: none"> • Positive behaviour support plan • Relevant records and data • Recommendations regarding alternatives to the plan, ongoing implementation or cessation 		
<p>Check 22: Do you use restrictive practices:</p> <ul style="list-style-type: none"> • in an unplanned way, other than as an emergency response • when a relevant professional has assessed and identified contra-indications to the use of chemical restraint • as a punishment • for your organisational convenience? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 23: Have you ensured up to date copies of the RP policies & procedures & service users' PBSP are available at each relevant service site?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 24: Do your staff who implement the restrictive practice have the necessary skills and knowledge to do so lawfully and appropriately OR are they receiving/scheduled to receive training to give them the skills and knowledge? Do they know where plans/procedures are kept & have they read & understood them?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Check 25: What other records do you keep in relation to Restrictive Practices?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	