



Restrictive Practice Workbook

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

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

Introduction

NDS has sought interim advice on the additional requirements on service providers imposed by the *Disability Services and Other Legislation Amendment Act 2008* and associated policy framework — particularly with regard to restrictive practices and the auditing process under the Disability Sector Quality System.

NDS member organisations should note the following:

1. It is strongly recommended that NDS members familiarize themselves as soon as is practicable with the requirements of the amended legislation, and take steps to ensure that they have developed evidence of conformance well before their next audit.
2. The first step in ensuring conformance is a comprehensive audit to determine whether your service has any service users who are subject, or are likely to be subject to restrictive practices. This audit needs to be thorough, thoroughly documented and completed well before the end of the transitional period.
3. The following table has been devised in cooperation with one of the Certifying Bodies (CB) accredited by JAS-ANZ to audit under the quality system. It should be noted that, while the table provides some guidance on the steps to be taken with respect to evidencing conformance, the guide has no formal status. NDS members should liaise directly with their CB as to the approach the CB proposes to take regarding compliance with the amended legislation.

Please note:

1. The evidence your service requires to demonstrate compliance may include **but not be limited to** the following lists of suggested evidence.
2. 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.
3. Information contained in this checklist is provided as an initial guide only. For further information, contact the Disability Information Service on 1800 177 120 or visit www.disability.qld.gov.au .

Check 1: Have you reviewed whether you use restrictive practices as defined by the legislation?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where is this documented? Suggested evidence includes:</p> <ul style="list-style-type: none"> • Policies & Procedures • Governance committee minutes; • internal audit schedule; • audit plan; • outcome of audit; • strategy to address issues arising; an internal audit process checklist. 	3.5		

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?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where is this documented?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Policies & Procedures; • Outcome of audit; • Record of restrictive practices (optional tool). 	<p>3.4 3.5 9.1</p>		

Check 3: If you have reviewed whether you use restrictive practices as defined by the legislation, have you determined whether the service user/s the subject of the restrictive practice has/have an authorised guardian for restrictive practices?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where is this documented? Suggested evidence includes:</p> <ul style="list-style-type: none"> • service user file notes; • records of communication with the Guardianship & Administration Tribunal; • guardianship documentation; • an internal audit process checklist. <p>NOTE: most service users in Queensland do not have an authorised guardian.</p>	<p>2.3 2.4 3.3</p>		

Check 4: If the service user has an authorised guardian, have you obtained the guardian's (for restrictive practices) documented consent to the restrictive practice?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where is this consent documented? Is it signed and dated by the guardian?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • service user file notes; • Restrictive Practice Consent form/s; • records of communication with the Guardianship & Administration Tribunal; • guardianship documentation; • an internal audit process checklist. 	<p>2.3 3.3 8.1</p>		

Check 5: For service users that do not have a guardian for restrictive practices, have you undertaken an assessment / review of the adult?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where is this review/assessment documented?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Review/assessment form • PBSP • Service user file notes • RP consent forms 	<p>2.5 2.6</p>		

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?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Does the assessment contain analysis of behaviour & strategies to address behaviour & meet the service user's needs?</p> <p>Are the strategies incorporated in the service plan?</p> <p>Are staff aware of the strategies & involved in their implementation?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Assessment documentation; • Service user's positive behaviour plan. 	<p>2.5 2.6</p>		

Check 7: If you are restricting access to a service user, can you provide evidence that you are minimizing the impact on other service users at the premises? N.B. This check relates to good practice

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where is this documented?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Service user file notes; • Daily reporting logs; • Staff & service user feedback at audit interviews. 	<p>3.4</p>		

Check 8: If you are containing or secluding a service user, have you notified DSQ within the prescribed timescale as spelt out in DSQ policy?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Suggested evidence:</p> <ul style="list-style-type: none"> • DSQ Critical incident report form • Communication documentation 	<p>3.4 8.1</p>		

Check 9: If the service user is receiving disability support from more than one disability service provider have you determined whether your service is responsible for writing their PBSP?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<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? 	8.1		

<p>OR</p> <ul style="list-style-type: none"> 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>Suggested evidence:</p> <ul style="list-style-type: none"> Communication documentation; Service users' PBSP 			
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Check 10: For service users that do not have a guardian, have you arranged for an AQEP or SRS team (in cases of containment & seclusion) to undertake a comprehensive assessment of the adult/subject of the Restrictive Practice/s?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Does the comprehensive assessment contain information as required 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 assessment?</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>Suggested evidence:</p> <ul style="list-style-type: none"> • Assessment documentation • Risk assessment 	<p>8.1 2.5 2.6</p>		

Check 11: Where the use of more than one restrictive practice is proposed for one service user, have you obtained consent/authorisation for each one, e.g. one for seclusion & one for chemical restraint?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Do you have a signed and dated assessment undertaken in the prescribed time?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Service users' PBSP • RP consent forms <p>N.B. Both/all restrictive practices used for one adult should be contained in one PBSP for that adult</p>	<p>2.3 2.4 3.3</p>		

Check 12: Have you reviewed which of your service users receives medication which may constitute chemical restraint?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where is this documented?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Policies & Procedures; • Governance committee minutes; • Internal audit outcome/schedule/plan; • Service user files; • CHAP 	<p>8.1 3.5</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? N.B. This check relates to good practice

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
Where is this documented? Suggested evidence: <ul style="list-style-type: none"> • Service user files; • Assessment documentation; • Medical consultation reports. 	8.1 8.4 2.6 3.5		

Check 14: Have you arranged for an AQEP to coordinate the process of gaining approval for the use of chemical restraint, for those service users who may already be receiving medication for the purpose of chemical restraint, or who you think may benefit from the use of chemical restraint?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Have you assisted the AQEP to arrange access to relevant information by the treating doctor?</p> <ul style="list-style-type: none"> • AQEP documentation/communication. 	<p>8.1 3.4</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 the stakeholders and (so far as possible) resolved those differences?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
Where is this documented? Suggested evidence: <ul style="list-style-type: none"> • Service user file notes; • Records of communication with GAAT; guardianship documentation 	8.1 2.3 3.3		

Check 16: If you have answered Yes to checks 12 & 13:

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<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? 	<p>8.1 2.3 2.6</p>		

<ul style="list-style-type: none"> • Has the treating doctor completed the Current Medication Form with recommendation regarding the use of chemical restraint? <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Current Medication summary/documentation; • Service user file notes. 			
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Check 17: Have you developed a positive behaviour support plan for each service user subject to the restrictive practices?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Is the plan structured as follows:</p> <ul style="list-style-type: none"> • Assessment Report • Intervention Plan • Implementation Plan <p>Does the plan include:</p> <ul style="list-style-type: none"> • Strategies to be implemented to support the adult • Information relevant to why the strategies are being implemented • How the strategies will be supported • Details about the monitoring of restrictive practices • Details about when the restrictive practice will be reviewed • the name of the medication and any available information about the medication (for example, information about possible side effects) • the dose, route and frequency of administration and, for as 	<p>8.1</p> <p>2.1</p> <p>2.2</p> <p>2.3</p> <p>2.4</p> <p>2.6</p> <p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p>		

<p>needed (PRN) medication, the circumstances in which the medication may be administered — as prescribed by the service user's treating doctor</p> <ul style="list-style-type: none"> • the date of the most recent medication review, if the service user's medication has previously been reviewed by their treating doctor • the name of the adult's treating doctor • a review period and date for follow-up consultation with the treating doctor • evidence that the treating doctor has been consulted about the plan. <p>N.B. Plan not needed with fixed dose chemical restraint in respite services</p>			
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Check 18: Have you implemented the positive behaviour support plan in a manner consistent with the requirements of the legislation?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<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 and social background in the implementation of the plan?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Service users' PBSP • Service users' file notes 	<p>8.1 2.1 2.2 2.3 2.4 2.6 3.2 3.3 3.4 3.5</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 prescribed timescales?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where is monitoring of restrictive practices documented? Are review documents signed, dated and in time? What evidence is there as to who attended the review?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Restrictive Practices policies & procedures; • Service users' Positive Behaviour Support Plans. <p>Do you have policies and procedures that detail how the positive behaviour support plan will be reviewed and monitored? 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 monitored? • Have you reviewed the effectiveness of the plan and considered whether the strategies individually or in 	<p>2.5 8.1</p>		

<p>combination should be continued?</p> <ul style="list-style-type: none"> • 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>			
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Check 20: When any changes are made to the Restrictive Practices/PBSP:

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<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, was consent given in 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? 	<p>8.1 2.1 2.2 2.3 2.4 2.6 3.2 3.3 3.4 3.5</p>		

<p>Suggested evidence:</p> <ul style="list-style-type: none">• AQEP documentation;• Medication/Consultation documentation;• Guardian consent documentation.			
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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?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Suggested evidence:</p> <ul style="list-style-type: none"> • Assessment report; • Positive behaviour support plan; • Relevant records and data; • Recommendations regarding alterations to the plan, ongoing implementation or cession. <p>Has this documentation been provided to the GAAT?</p>	<p>8.1 2.1 2.2 2.3 2.4 2.6 3.2 3.3 3.4 3.5</p>		

Check 22: Do you use restrictive practices:

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<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 organizational convenience. <p>NOTE: If the auditor finds any of the above, you are likely to be assessed as being in major non-conformance & your certification will be in jeopardy.</p>	9.2 9.3 2.2 2.6 3.4 3.5 4.2 6.1 7.1 7.2 7.6 8.1 8.4 8.5		

Check 23: Are up to date copies of policies & procedures & PBSP available at all relevant sites?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Where are these documents kept?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Current/up to date copies of policies & procedures & PBSPs can be sighted at each relevant site 	<p>9.1 9.2 9.4 9.5</p>		

Check 24: Do your staff that implement or administer the restrictive practice/s (including chemical restraint) have the necessary skills and knowledge to do so lawfully and appropriately?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>Have your staff undergone training in the administration of medication & in behaviour management sufficient/consistent with the needs/behaviours of the service user? OR Are they receiving or scheduled to receive training to give them the skills and knowledge?</p> <p>Has their competency in these skills been assessed?</p> <p>Do they know where to plans/procedures are kept & have they read and understood them?</p> <p>Suggested evidence:</p> <ul style="list-style-type: none"> • Staff training records; • Training calendar or register 	10.4		

Check 25: What other records do you keep in relation to Restrictive Practices?

Evidence questions	Possible Service Standard Indicator	Evidence of practice	Improvement action
<p>How appropriate are these records for the purposes of accountability and transparency, to assist in monitor and review processes, and in terms of the service user's right to dignity and privacy?</p>	<p>2.2 2.4 2.6 9.5</p>		