

Regulated restrictive practices authorisation check list

Victorian Senior Practitioner, September 2021

Regulated restrictive practices in a behaviour support plan that require authorisation/approval by the Victorian Senior Practitioner

The NDIS Rules 2018 set out the requirements for developing NDIS behaviour support plans (BSPs) (interim and comprehensive), the minimum requirements for including a regulated restrictive practice in an NDIS behaviour support plan and ongoing reporting requirements.

Under the rules, states and territories are responsible for authorising the use of regulated restrictive practices. Victoria has established an authorisation process for the use of regulated restrictive practices included in an NDIS behaviour support plan.

Once the Authorised Program Officer (APO) has provided authorisation, additional approval is required from the Victorian Senior Practitioner (VSP) for the use of the following regulated restrictive practices:

- physical restraint
- mechanical restraint
- seclusion.

The VSP may direct that other types of restrictive practices require additional approval such as certain classes of chemical restraint.

The authorisation check list below will be used by the VSP to make decisions about authorisation. The questions below should be used by the APO to confirm whether the BSP meets legislative requirements and is ready to be uploaded into the Restrictive Intervention Data System (RIDS) for consideration of approval by the VSP.

Authorisation Check List

Questions about the restraint or seclusion for authorisation	Comments
1. Is the restrictive practice necessary to prevent the person from causing physical harm to themselves or others?	Restrictive practices such as restraint and seclusion can only be used to prevent physical harm to self or others the <i>Disability Act 2006</i> (the Act).
2. Is the restrictive practice the least restrictive option under the circumstances?	Required by the Act. Appropriate non-restrictive strategies should be identified to ensure restrictive practice is the last resort and used for as little time as possible. Reactive strategy plans should include strategies from least to most restrictive, and include any PRN chemical restraints.
3. Is there a plan to decrease the use of this restrictive practice in the BSP?	Strategies to reduce need for the restrictive practice must be identified, may be in the form of a fade-out plan and skill-building strategies. Chemical restraints should be reviewed regularly by medical practitioner.

Questions about the restraint or seclusion for authorisation	Comments
4. Is the use and form of the proposed regulated restrictive practice included in the person's NDIS behaviour support plan?	Required by the Act. Information about exactly what the restrictive practice involves must be included – e.g., how long it is used for, when it is commenced/ceased, what exactly is occurring, etc.
5. Is the proposed use of the regulated restrictive practice in accordance with the person's NDIS behaviour support plan?	Required by the Act. All restrictive practices intended to be used by the implementing provider must be in accordance with what is in the person's NDIS behaviour support plan (listed within the Restrictive Practices schedule). The restrictive practice must be in place to prevent an assessed behaviour of concern.
6. Is the proposed application of the regulated restrictive practice for no longer than necessary to prevent the person from causing physical harm to themselves or others?	Required by the Act. It should be identified why the restrictive practice is used for the period of time proposed and why that is the least amount of time necessary. Consider whether routine restraints could be used as PRN.
7. If seclusion is to be used, is the person provided with: appropriate bedding, adequate heating or cooling, food and drink at appropriate times and toilet arrangements?	Required by the Act. It is recommended to be for the least amount of time possible with 15-minute visual observations being maintained. If this is not possible a verbal response should be obtained, particularly if PRN medication has been administered.
8. If physical restraint is to be used, is it to be used as PRN and does not include any prohibited physical restraints.	<p>The following physical restraints are prohibited:</p> <ul style="list-style-type: none"> (a) the use of prone restraint (subduing a person by forcing them into a face-down position) (b) the use of supine restraint (subduing a person by forcing them into a face-up position) (c) pin downs (subduing a person by holding down their limbs or any part of the body, such as their arms or legs) (d) basket holds (subduing a person by wrapping your arm/s around their upper and or lower body) (e) takedown techniques (subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support) (f) any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning (g) any physical restraint that has the effect of pushing the person's head forward onto their chest (h) any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints. <p>Consider what arrangements have been made to ensure the person's physical condition is closely monitored during and after the physical restraint is concluded.</p>

The systems requirements checklist below outlines what must be included in the BSP and within the RIDS submission for authorisation of a BSP. The APO should review this list prior to authorisation on RIDS to ensure a smooth authorisation process.

Systems Requirements Check List

Questions	Comments
1. Is there an appropriate Independent Person listed?	See <i>Independent Person Toolkit</i> for more information about who can be an Independent Person and their role. Consider noting the relationship of the Independent Person to the person (e.g., family member, friend, advocate, etc.), in order to support an efficient authorisation process.
2. Do the implementing providers listed on the BSP match the implementing providers listed on RIDS?	Providers who are engaged but not implementing restrictive practices should not be listed in the 'Implementing Providers' section of the BSP. If implementing providers are not NDIS registered providers, they will need to be included in the body of the BSP but not listed as implementing providers. BSP must be shared on RIDS with all providers implementing restrictive practices prior to authorisation.
3. Are all restrictive practices implemented by providers are included in the Restrictive Practices Schedule section?	Please note: restrictive practices implemented by families should not be included in the Restrictive Practices Schedule section, it will need to be included in the body of the BSP.
4. Do the restrictive practices listed in the BSP match those listed on RIDS?	This includes dosages of medications and times of routine restrictive practices.
5. Is the maximum dosage of any PRN chemical restraint included?	The maximum dosage of the PRN chemical restraint within a 24 hour period must be included in both the BSP and on RIDS.
6. Is the BSP written on the correct template?	In Victoria, all BSPs must be written on either the NDIS Commission BSP templates or the VSP template. See <i>direction – Behaviour Support Plans and NDIS behaviour support plans</i> .

To receive this document in another format, phone 9096 8427, using the National Relay Service 13 36 77 if required, or email The Victorian Senior Practitioner <VictorianSeniorPractitioner@dffh.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Families, Fairness and Housing, September 2021.