

Regulated Restrictive Practice Summary & Protocols

Restrictive practices infringe on the <u>rights</u> and freedom of movement of people with disability. All reasonable steps must be taken to reduce and eliminate their use. There are five types of regulated restrictive practices:

- Chemical restraint.
- Environmental restraint.
- · Mechanical restraint.
- · Physical restraint.
- Seclusion.

Definitions of each practice and conditions of use are set out in <u>legislation</u>. For more information see the <u>Regulated Restrictive Practices Guide</u>, <u>RRP with Children and Young People Practice Guide</u>, <u>Surveillance Technology Practice Guide</u>, and <u>Safe Transportation Practice Guide</u>.

Summary of Regulated Restrictive Practices (RRP)

This summary and the RRP protocols relate to the use of RRP with (*insert the participant's name*.) (Use the table below to list any NDIS providers and other people who are implementing the RRPs.)

Person / Provider	Registration ID or ABN	Service location (outlet)	Type of RRPs used (i.e., chemical, environmental, mechanical, physical restraint, seclusion)

Consultation about Regulated Restrictive Practices

(Use the table below to demonstrate who was consulted **about the intent to include and/or the application of, a regulated restrictive practice(s)** as part of the behaviour support plan; and how this occurred in an **appropriately accessible format**.)

Who was consulted	When	How

Authorisation

Note: Behaviour support plans that include the use of regulated restrictive practices **must** be developed and authorised in accordance with any <u>authorisation and consent requirements</u> in the relevant state or territory. A <u>copy of the behaviour support plan</u> and <u>evidence of authorisation must</u> also be lodged with the NDIS Commission consistent with the Rules.

Regulated Restrictive Practice Protocol(s)

(Protocols should be written for each RRP to outline why they are needed and the conditions under which they can be used. This must include a plan to reduce and where possible eliminate their use. This information can be recorded in the second column of the table below, replacing the definitions.)

Environmental / Mechanical / Physical Restraint / Seclusion

Description of RRP	(Describe the regulated restrictive practice here. What does it involve?)
Rationale	(Outline here why the RRP is needed. What behaviour of concern does it aim to decrease or stop? Demonstrate how it is proportionate and the least restrictive way of reducing risk of harm . How is it used as a last resort and for the shortest possible time ?)
Circumstances to be used	(State here whether the use is Routine (i.e., in constant or daily use) OR PRN (i.e., used as needed in response to a specific risk or behaviour of concern). Provide any additional information here as required.)
Strategies to be used first	(Outline here the evidence-informed, person-centred and proactive strategies to be used before the RRP; or provide details about where this information is contained in the behaviour support plan.)
Procedure	(Provide detailed instructions here about how the RRP will be used. The procedure should demonstrate that the RRP is only used as a last resort and for the shortest time possible. Outline any debriefing or other strategies that are required after the RRP is used.)
Impacts and Safeguards	(Describe here the anticipated effects of using the RRP. What are the impacts on the person and others? How will any risks be mitigated? Outline any strategies or safeguards needed to prevent misuse.)
Training, monitoring and review	(Describe here any specific training requirements in relation to the use of the RRP. How and when will the use of the RRP be recorded, reported, monitored, and reviewed?)
Plan to reduce and eliminate RRP	(Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when this should occur.)

Chemical Restraint Protocol

(Attach a <u>Medication purpose form</u> and/ or provide medication details in the table below. This information can be recorded in the second column, replacing the definitions.)

- Any information included is for reporting purposes **only**. It is **not** for administrative purposes.
- Medication should **only** ever be administered in accordance with the prescriber's instructions, noting that the prescribed medication, dose and frequency may change over time.
- Details about chemical restraint must be entered into the <u>Commission's portal</u> for the purpose of reporting and monitoring the use of regulated restrictive practices.

	(Insert the medication or drug name here.)
Medication	(insert the medication of drug hame here.)
Route	(Describe here the route of administration, e.g., implant, injection, nasal, oral, PEG, PR (per rectum), PV (per vagina), patch.)
Dosage	(Record the dosage amount and unit of measurement here. Note, the Commission's portal will ask for a total daily dose.)
Frequency / Circumstances to be used	(State here whether the use is Routine (i.e., in daily use) OR PRN (i.e., used as needed in response to a specific risk or behaviour of concern). Provide any additional information as required.)
Medical practitioner / prescriber's name	(Record here the name and role of the medical practitioner who prescribed or last reviewed the medication.)
Date prescribed or last reviewed	(Insert the date the medication was prescribed or last reviewed.)
Date of next review	(Insert details regarding when the medication will next be reviewed.)
Rationale	(Outline here why the medication is needed. Demonstrate how is it proportionate and the least restrictive way of reducing risk of harm. How is it used as a last resort and for the shortest possible time?)
Strategies to be used first	(Outline here the evidence-informed, person-centred and proactive strategies to be used before the medication; or provide details about where this information is contained in the behaviour support plan.)
Procedure	(Provide detailed instructions here about how the medication will be used, consistent with the prescriber's instructions.)
Impacts and Safeguards	(Describe here the anticipated effects of using the RRP. Outline any potential side effects of the medication. Outline any strategies or safeguards needed to prevent misuse, e.g., maximum daily dose.)
Training, monitoring and review	(Describe here any specific training requirements in relation to the medication. How and when will the use of the medication be recorded, reported, monitored and reviewed?)
Plan to reduce and eliminate RRP	(Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when they should occur.)

Document information

This document aligns with the NDIS Commission's behaviour support plan templates. Specialist behaviour support providers are expected to ensure that they update and align their practice with this guidance. For further information about good practice and the conditions of registration that apply to specialist behaviour support providers when developing behaviour support plans see the Behaviour Support Plan Checklists.

Document owner

National Policy and Clinical Guidelines, Practice Quality and Clinical Advisory Division

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