



RESTRICTIVE PRACTICE

IDENTIFICATION TOOL

RESTRICTIVE PRACTICE IDENTIFICATION TOOL

Supporting adults who exhibit behaviour that causes harm or risk of harm

The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships draws on its SOLID values (Strengths based, Open, Loyal, Innovative and Dedicated) to commit itself to enable people with a disability to thrive.

As such, the Department is committed to ensuring adults with an intellectual or cognitive disability who exhibit behaviour that causes harm to themselves or others and are receiving disability services from a relevant service provider, are supported appropriately, and in a safe environment that recognises their rights and needs.

The focus must be on preventing or reducing the behaviour that causes harm through supporting the adult to live a full and active life with opportunities to engage in community activities and other activities of interest, develop relationships, and learn new skills.

Use of restrictive practices to manage behaviour that causes harm

If restrictive practices (RP) are considered to be the least restrictive way to ensure the safety of the adult or others in response to the behaviour of the adult with an intellectual or cognitive disability who is receiving disability services from a relevant service provider, they must only be used in a way that:

- has regard to the human rights of the adult;
- safeguards the adult or others from harm;
- maximises the opportunity for positive outcomes for the adult and aims to reduce or eliminate the need to use restrictive practices; and
- ensures transparency and accountability in the use of restrictive practices.

Purpose of the restrictive practice identification tool

This tool guides service providers through the initial identification and documentation of restrictive practices in accordance with the requirements of the Act. This process does not provide specific advice as to potential restrictive practices, rather stipulates the requirements for identification of these practices at a property or facility. If you need clarification about a restrictive practice please contact your regional positive behaviour support and restrictive practice team, or email or enquiries_rp@dssatsip.qld.gov.au.

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Date of Assessment			
Client information			
<i>Name:</i>		<i>Date of birth:</i>	
<i>Gender:</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>NDIS NUMBER</i>	
<i>Indigenous status</i>	<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Rather not say <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		
<i>Disability:</i>			
<i>Is there a Positive Behaviour Support Plan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Date of Positive Behaviour support plan:</i>	
<i>Address:</i>			

Service provider information			
<i>Name of Person Conducting Assessment</i>			
<i>Address of the Service Outlet</i>			
<i>How many Participants live at address</i>			
<i>Type of service provided:</i> DSA 166 (1) (c) (ii) (A), (B) & (3) DSA 167 (1) (d) (i) (ii) & (4)		<input type="checkbox"/> Accommodation Support <input type="checkbox"/> Community Access Service <input type="checkbox"/> Respite <input type="checkbox"/> Other	
<i>Contact Person</i>	<i>Name:</i>		<i>Position:</i>
	<i>Phone:</i>		<i>Email:</i>
	<i>Phone:</i>		<i>Email:</i>

Consideration of Section 178 of the <i>Disability Services Act 2006</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the person an adult (aged 18 years or over)?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the person have an intellectual or cognitive disability? DSA 142 (1)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the person receive funded disability services from an NDIS registered provider? DSA 140
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Adult's behaviour cause harm to the adult or others DSA 142 (1)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the adult live in a residential aged care facility

Restrictive practices and behavioural information		
Yes <input type="checkbox"/> No <input type="checkbox"/>	■ Is the adult currently subject to restrictive practice/s, or are restrictive practice/s proposed; AND	
Containment: <i>Definition: To physically prevent the free exit of the adult from premises where they receive disability services, other than by secluding the adult, in response to the adult's behaviour that causes harm to the adult or others. (DSA s.146)</i> Note: 'Premises' includes the land around a building or other structure but does not include a vehicle. However, the adult is not contained in situations where gates, doors or windows are locked to prevent them exiting premises without supervision because of a skills deficit. An 'adult with a skills deficit' means an adult with an intellectual or cognitive disability where the only reason they cannot safely exit the premises without supervision is because: <ul style="list-style-type: none"> the adult lacks road safety skills, or the adult is vulnerable to abuse or exploitation by others, or the adult is unable to find his or her way back to the premises. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Containment:		
<input type="checkbox"/> Physical harm to the adult or others	<input type="checkbox"/> Serious Risk of physical harm to the adult or others	<input type="checkbox"/> Damage to property involving a serious risk of physical harm to the adult or others
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Positive Behaviour Support Plan include details of this practice	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the adult, their family members and others in their support network been provided with the statement about the use of the Restrictive Practice?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there a current Queensland Civil and Administration Tribunal (QCAT) approval in place for the use of containment?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Or if the use of containment is in a respite or community access service only, has consent been obtained from the guardian for a restrictive practice (respite) matter appointed by QCAT?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the restrictive practice/s the least restrictive way of supporting the adult? DSA 178(2)(e)	
Seclusion: <i>Definition: To physically confine the adult alone, at any time of the day or night, in a room or area from which free exit is prevented, in response to the adult's behaviour that causes harm to the adult or others (DSA s.144).</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Seclusion:		
<input type="checkbox"/> Physical harm to the adult or others	<input type="checkbox"/> Serious Risk of physical harm to the adult or others	<input type="checkbox"/> Damage to property involving a serious risk of physical harm to the adult or others

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Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Positive Behaviour Support Plan include details of this practice
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the adult, their family members and others in their support network been provided with the statement about the use of the Restrictive Practice?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there a current Queensland Civil and Administration Tribunal (QCAT) approval in place for the use of containment?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Or if the use of containment is in a respite or community access service only, has consent been obtained from the guardian for a restrictive practice (respite) matter appointed by QCAT?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the restrictive practice/s the least restrictive way of supporting the adult? DSA 178(2)(e)
<p>Chemical Restraint</p> <p>Definition: <i>The use of medication for the primary purpose of controlling the adult's behaviour in response to the adult's behaviour that causes harm to the adult or others (DSA s.145).</i></p> <p>Note: A doctor confirms in writing that the medication is used for the primary purpose of controlling behaviour.</p> <p>However, the use of medication for the proper treatment of a diagnosed mental illness or physical condition is not chemical restraint.</p> <p>Note: 'Diagnosed' for a mental illness or physical condition means a doctor confirms the adult has the illness or condition.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Reason for Chemical Restraint:</p>	
<input type="checkbox"/> Physical harm to the adult or others	<input type="checkbox"/> Serious Risk of physical harm to the adult or others
<input type="checkbox"/> Damage to property involving a serious risk of physical harm to the adult or others	
Chemical Restraint type:	<input type="checkbox"/> Fixed Dose <input type="checkbox"/> PRN Medication
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the medication prescribed for the primary purpose of controlling the adult's behaviour?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the medication prescribed for a diagnosed mental illness or physical condition? (not chemical restraint)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a Clarification of Purpose of Medication Form been completed?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Positive Behaviour Support plan include details of this practice?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the adult, their family members and others in their support network been provided with the statement about the use of the Restrictive Practice?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has consent been obtained from the appropriate decision maker? (see Restrictive Practice Requirements)
	Date of Consent:

<p>Physical Restraint</p> <p>Definition: <i>The use of, for the primary purpose of controlling the adult's behaviour, of any part of another person's body to restrict the free movement of the adult in response to the adult's behaviour that causes physical harm or a serious risk of physical harm to the adult or others (DSA s.144).</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
Reason for Physical Restraint			
<input type="checkbox"/> Physical harm to the adult or others	<input type="checkbox"/> Serious Risk of physical harm to the adult or others	<input type="checkbox"/> Damage to property involving a serious risk of physical harm to the adult or others	
Physical Restraint Type:			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Positive Behaviour Support plan include details of this practice?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the adult, their family members and others in their support network been provided with the statement about the use of the Restrictive Practice?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has consent been obtained from the appropriate decision maker? (see Restrictive Practice Requirements)		
	Date of Consent:		
<p>Mechanical restraint,</p> <p>Definition : <i>of an adult with an intellectual or cognitive disability, means the use, for the primary purpose of controlling the adult's behaviour, of a device in response to the adult's behaviour that causes harm to the adult or others to—</i></p> <p><i>(a) restrict the free movement of the adult; or</i></p> <p><i>(b) prevent or reduce self-injurious behaviour.</i></p>			
Reason for Mechanical Restraint:			
<input type="checkbox"/> Physical harm to the adult or others	<input type="checkbox"/> Serious Risk of physical harm to the adult or others	<input type="checkbox"/> Damage to property involving a serious risk of physical harm to the adult or others	
Mechanical Restraint Type:	<input type="checkbox"/> Belts/Straps <input type="checkbox"/> Buckles/harness	<input type="checkbox"/> Gloves <input type="checkbox"/> Splints	<input type="checkbox"/> Helmets <input type="checkbox"/> Other _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Positive Behaviour Support plan include details of this practice?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the adult, their family members and others in their support network been provided with the statement about the use of the Restrictive Practice?		

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Yes <input type="checkbox"/> No <input type="checkbox"/>	Has consent been obtained from the appropriate decision maker? (see Restrictive Practice Requirements) Date of Consent:	
<p>Restricting Access</p> <p><i>Definition: of an adult with an intellectual or cognitive disability, means restricting the adult’s access, at a place where the adult receives disability services, to an object in response to the adult’s behaviour that causes harm to the adult or others to prevent the adult using the object to cause harm to the adult or others.</i></p>		
Reason for Restricting Access:		
<input type="checkbox"/> Physical harm to the adult or others	<input type="checkbox"/> Serious Risk of physical harm to the adult or others	<input type="checkbox"/> Damage to property involving a serious risk of physical harm to the adult or others
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the Positive Behaviour Support plan include details of this practice?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the adult, their family members and others in their support network been provided with the statement about the use of the Restrictive Practice?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has consent been obtained from the appropriate decision maker? (see Restrictive Practice Requirements) Date of Consent:	