

Restrictive practice identification tool

Details
Date conducted:
Service provider name:
Number of people supported by the service provider:
Identification of restrictive practices
Is the adult in the target group?
<p>The legislation applies to someone:</p> <ul style="list-style-type: none"> • who is an adult (18 years of age or older); • who has an intellectual or cognitive disability; • who behaves in a way that causes physical harm or a serious risk of physical harm to themselves or others; and • who is receiving services provided by Disability Services, or services prescribed by regulation and funded under a NDIS participant plan. <p>Are any adults in the target group?</p> <p>Yes Number of adults in the target group: _____</p> <p>No</p> <p>If Yes, complete all applicable parts.</p>
Containment
<p>Definition: <i>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.</i></p> <p>Note: <i>'Premises' includes the land around a building or other structure, but does not include a vehicle.</i></p> <p><i>However, the adult is not contained in situations where gates, doors or windows are locked to prevent them exiting premises without supervision for the sole reason that the adult has a skills deficit that prevents them from being safe outside the premises. An 'adult with a skills deficit' means an adult with an intellectual or cognitive disability who cannot safely exit the premises without supervision because 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. For more information, see the information sheet "Locking of gates, doors or windows"</i></p> <p>Are any adults contained?</p> <p>Yes Number of adults contained: _____</p> <p>No</p> <p>If Yes, complete Part A and Part B for each adult who is contained.</p> <p>Total number of approvals that meet the requirements under the Act: _____</p>

This form is not required to be forwarded. The form may be completed by the service provider and remains the property of the service provider. The completed form should be stored securely by the service provider.

Seclusion

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.

Are any adults secluded?

Yes Number of adults secluded: _____

No

If **Yes**, complete **Part A** and **Part C** for each adult who is secluded.

Total number of approvals that meet the **requirements** under the Act: _____

Mechanical restraint

Definition: 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 a) restrict the free movement of the adult or b) prevent or reduce self-injurious behaviour.

However, the following are not mechanical restraint:

- the use of a device to enable the safe transportation of the adult, or
- the use of a device for postural support, or
- the use of a device to prevent injury from involuntary bodily movement, such as seizures, or
- the use of a surgical or medical device for the proper treatment of a physical condition, or
- the use of bed rails or guards to prevent injury while the adult is asleep.

Are any adults mechanically restrained?

Yes Number of adults mechanically restrained: _____

No

If **Yes**, complete **Part A** and **Part D** for each adult who is secluded.

Total number of approvals that meet the **requirements** under the Act: _____

Physical restraint

Definition: 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.

Are any adults physically restrained?

Yes Number of adults physically restrained: _____

No

If **Yes**, complete **Part A** and **Part E** for each adult who is secluded.

Total number of approvals that meet the **requirements** under the Act: _____

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Chemical restraint

Definition: *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.*

Note: *A doctor confirms in writing that the medication is used for the primary purpose of controlling behaviour.*

However, the use of medication for the proper treatment of a diagnosed mental illness or physical condition is not chemical restraint.

Note: *'Diagnosed' for a mental illness or physical condition means a doctor confirms the adult has the illness or condition.*

Are any adults chemically restrained?

Yes Number of adults chemically restrained: _____

No

If **Yes**, complete **Part A** and **Part F** for each adult who is secluded.

Total number of approvals that meet the **requirements** under the Act: _____

Restricting access to objects

Definition: *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.*

Do any adults have restricted access?

Yes Number of adults with restricted access: _____

No

If **Yes**, complete **Part A** and **Part G** for each adult who is secluded.

Total number of approvals that meet the **requirements** under the Act: _____

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Part A – Personal Details

Name of adult:

Date of birth: / / Gender: M F

Indigenous status: Neither Aboriginal nor Torres Strait Islander origin Aboriginal but not Torres Strait Islander origin
 Torres Strait Islander but not Aboriginal origin Aboriginal and Torres Strait Islander origin
 Rather not say

Disability type: Intellectual disability Cognitive disability Both

Positive Behaviour Support Plan: Current Positive Behaviour Support Plan in place: Yes No
If Yes, please complete details
Start date: / / Last review date: / / Next review date: / /

Type of restrictive practice/s: Containment (please complete **Part B**)
Seclusion (please complete **Part C**)
Mechanical restraint (please complete **Part D**)
Physical restraint (please complete **Part E**)
Chemical restraint (please complete **Part F**)
Restricting access (please complete **Part G**)

Part B – Containment

Is it necessary to physically move the person to the location? Yes No

Reason for restrictive practice:

Physical harm to the adult or others Serious risk of physical harm to the adult or others Damage to property involving a serious risk of physical harm to the adult or others

Does the Positive Behaviour Support Plan include details of this practice? Yes No

Has the adult, their family members and others in their support network been provided with the statement in the approved form about the use of the restrictive practice? Yes No

Has approval been obtained from the Queensland Civil and Administrative Tribunal (QCAT)?
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?
Note: This meets the **requirements** of the Act.

Yes No Date of consent: / /

Part C – Seclusion

Is it necessary to physically move the person to the location? Yes No

Physical harm to the adult or others Serious risk of physical harm to the adult or others Damage to property involving a serious risk of physical harm to the adult or others

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Does the Positive Behaviour Support Plan include details of this practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the adult, their family members and others in their support network been provided with the statement in the approved form about the use of the restrictive practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Has approval been obtained from QCAT? Or if the use of seclusion 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? <i>Note: This meets the requirements of the Act.</i></p>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of consent: / /

Part D – Mechanical restraint

Reason for restrictive practice:		
<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"/> Gloves
	<input type="checkbox"/> Buckles / harnesses	<input type="checkbox"/> Splints
		<input type="checkbox"/> Helmets
		<input type="checkbox"/> Other (detail):

Does the Positive Behaviour Support Plan include details of this practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the adult, their family members and others in their support network been provided with the statement in the approved form about the use of the restrictive practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Has consent been obtained from the guardian for a restrictive practice (general) matter appointed by QCAT? Or if the use of mechanical restraint 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 or if a guardian has not been appointed from an informal decision maker for the adult? <i>Note: This meets the requirements of the Act.</i></p>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of consent: / /

Part E – Physical restraint

Reason for restrictive practice:		
<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:		

Does the Positive Behaviour Support Plan include details of this practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the adult, their family members and others in their support network been provided with the statement in the approved form about the use of the restrictive practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Has consent been obtained from the guardian for a restrictive practice (general) matter appointed by QCAT? Or if the use of physical restraint 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 or if a guardian has not been appointed from an informal decision maker for the adult? <i>Note: This meets the requirements of the Act.</i></p>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of consent: / /

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Part F – Chemical restraint

Reason for restrictive practice:

- Physical harm to the adult or others Serious risk of physical harm to the adult or others Damage to property involving a serious risk of physical harm to the adult or others

Chemical restraint type: Daily medication prescribed for behavioural purposes PRN medication prescribed for behavioural purposes

Is the medication prescribed for the primary purpose of controlling the adult's behaviour? Yes No

Is the medication prescribed for a **diagnosed** mental or physical illness? Yes No

Note: If **Yes**, for this question, this is not chemical restraint

Please confirm details with treating or prescribing medical practitioner.

Date of last medical review by medical practitioner: / /

Does the Positive Behaviour Support Plan include details of this practice? Yes No

Has the adult, their family members and others in their support network been provided with the statement in the approved form about the use of restrictive practice? Yes No

Has consent been obtained from the guardian for a restrictive practice (general) matter appointed by QCAT?
Or if the use of the chemical restraint is a fixed dose in a respite or community access service **only**, has consent been obtained from the guardian for a restrictive practice (respite) matter appointed by QCAT, or if a guardian has not been appointed from an informal decision maker for the adult?

Note: This meets the **requirements** of the Act.

Yes No Date of consent: / /

Part G – Restricting access to objects or items

Reason for restrictive practice:

- Physical harm to the adult or others Serious risk of physical harm to the adult or others Damage to property involving a serious risk of physical harm to the adult or others

Does the Positive Behaviour Support Plan include details of this practice? Yes No

Has the adult, their family members and others in their support network been provided with the statement in the approved form about the use of restrictive practice? Yes No

Has consent been obtained from the guardian for a restrictive practice matter (general or respite) appointed by QCAT or if a guardian has not been appointed from an informal decision maker for the adult?

Note: This meets the **requirements** of the Act.

Yes No Date of consent: / /

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