

Disability Services

PROCEDURE

Title: Restrictive practices for general disability services
(full legislative scheme)

Purpose

This procedure deals with the use of restrictive practices under the full legislative scheme for general disability services.

In particular, the procedures apply to a relevant service provider providing general disability services who has obtained approval or consent to use the restrictive practice in relation to an adult with an intellectual or cognitive disability under the full legislative scheme.

This procedure assists a relevant service provider (RSP) to meet the requirement under the Human Services Quality Framework to keep and implement a policies and procedures on restrictive practices.

Process

The process steps for the full legislative requirements (for general disability services) are described in the following sections in three parts:

Part 1: Steps 1–5

- Identification and statement about restrictive practices
- Initial review
- Proceeding to an assessment
- Initial assessment
- Risk management response and application to Queensland Civil and Administrative Tribunal.

Part 2: Steps 6–8

- Assessment
- Decision on restrictive practice
- Development of a positive behaviour support plan.

Part 3: Steps 9–13

- Approval or consent
- Implementation
- Monitoring
- Review
- Changes to a positive behaviour support plan.

Each flow chart should be considered together with descriptions for each step (which immediately follow each flow chart). The steps also identify when it is not a requirement under the Act but recommended as part of good practice.

At the end of the flow charts there is information on records required to be kept and the sharing of confidential health information, for the purpose of assessment and planning of the procedure.

Principles to guide procedures

One person — one positive behaviour support plan

Many adults will be receiving support from more than one service and some adults may also be in receipt of more than one restrictive practice. Irrespective of the number of service providers or the number of restrictive practices, an adult should have a single plan developed which takes into account the range of service settings and the range of restrictive practices. Each adult should only have a single positive behaviour support plan.

Primary responsibility for assessment and planning

In general, where an adult is receiving disability support from more than one disability service provider, the service providing the most hours of support to the adult should take primary responsibility for coordinating the assessment and planning activities for that adult, including the identification of an appropriately qualified or experienced person. This arrangement may be varied where primary responsibility is difficult to ascertain, or by mutual agreement between service providers. For clarity, any variation should be communicated in writing between each service provider (for further information refer to 'Sharing information and confidentiality').

Collaboration between service providers for the adult is critical so the single positive behaviour support plan reflects the adult's different needs in different service environments.

Plan complexity

The Act outlines the minimum requirements for an assessment and positive behaviour support plan for different types of restrictive practice. Over and above these minimum requirements, the size and complexity of the assessment and positive behaviour support plan will, in general, vary according to the complexity of the individual's circumstances. However, the positive behaviour support plan still needs to be able to be understood and implemented by the relevant service provider and its staff.

Note: The operational policy: Restrictive practices (full legislative scheme) lists the overall key principles to always consider.

Step 1: Identification

The relevant service provider should first identify whether the Act may apply. That is:

- the person is an adult (that is, 18 years of age or older)
- the adult has, or may have, an intellectual or cognitive disability and impaired decision-making capacity for restrictive practice matters

- the adult is in receipt of disability services from a relevant service provider under the Act.
- one or more restrictive practices under the Act is proposed:
 - restrictive practices include containment, seclusion, mechanical restraint, physical restraint, chemical restraint or restricting access (to objects), as defined in the Act
 - restrictive practices do not include the use of restraints as the minimum force necessary and reasonable to carry out health care as provided for in Section 75 of the *Guardianship and Administration Act 2000*
 - restrictive practices do not include the locking of gates, doors and windows due to the adult being an adult with a skills deficit as defined in the Act.
- the restrictive practice will be required again in the future.

Where all the above criteria are met, the relevant service provider should make contact with other relevant service providers providing disability services to the adult, if applicable, and determine which service provider will take primary responsibility for progressing the development of a single plan for that adult. Primary responsibility may be taken by the service providing the most hours of support to the adult or by negotiated agreement.

Statement about use of restrictive practices

The Act has a requirement which provides that if a relevant service provider is considering using restrictive practices in relation to an adult with an intellectual or cognitive disability, then the relevant service provider must give a statement in the approved form to the following persons about the use of restrictive practices generally:

- the adult
- a person with sufficient and continuing interest in the adult (an interested person).

The statement must state:

- why the relevant service provider is considering using restrictive practices in relation to the adult
- how the adult and the interested person can be involved and express their views in relation to the use of restrictive practices
- who decides whether restrictive practices will be used in relation to the adult
- how the adult and the interested person can make a complaint about, or seek review of, the use of restrictive practices.

Also, the relevant service provider must explain the statement to the adult:

- in the language or way the adult is most likely to understand

- in a way that has appropriate regard to the adult's age, culture, disability and communication ability.

The purpose of this provision is to ensure that the adult, family members and others in the adult's support network who have an on-going involvement in the adult's life are aware why the relevant service provider is considering that any restrictive practice might be necessary; how they can be involved in planning and decision making and express their views; who will make the decision whether or not to authorise the restrictive practice; and what the avenues for complaint, review and redress are.

Step 2: Initial review of necessity for use

<p>Note: This is not a requirement under the <i>Disability Services Act 2006</i> but is recommended as good practice.</p>

Where a restrictive practice is in use or proposed, the relevant service provider, in collaboration with other relevant service providers and relevant parties, should review the behaviour that causes harm and the use of any restrictive practice to manage that behaviour.

Based on that review, the relevant service provider should determine whether the restrictive practice is necessary to prevent the behaviour causing harm to the adult or others, and whether it is the least restrictive way of ensuring their safety.

For example, a restrictive practice may not be necessary where:

- the use of a restrictive practice is disproportionate to the risk of harm to the adult or others
- a less restrictive way is available and there is a lack of evidence that this less restrictive way has been considered and has been unsuccessful.

If the use of the restrictive practice is not necessary, the practice should be ceased immediately and, if necessary, other strategies considered.

Where the use of the restrictive practice may be necessary, the relevant service provider is responsible for arranging for further assessment in accordance with the requirements of the Act.

Step 3: Proceeding to an assessment

For containment or seclusion: To arrange an assessment for the adult, the relevant service provider must refer the matter to Clinical Services.

For other restrictive practices: The relevant service provider using an appropriately qualified or experienced person conducts the assessment.

Table 1: Proceeding to assessment pathways

Restrictive practice	Containment/seclusion	Physical restraint/mechanical restraint/chemical	Restricting access (to objects) only	Combination of restrictive practices
	Relevant service provider completes a referral to Specialist Disability Service	Relevant service provider identifies an appropriately qualified or experienced person	Relevant service provider responsible for assessment	If containment or seclusion involved the relevant service provider completes a referral to Clinical Services. For other restrictive practices the relevant service provider identifies an appropriately qualified or experienced person

For containment or seclusion: Referrals must be forwarded to Clinical Services, which will undertake the role of the appropriately qualified or experienced persons. If containment or seclusion is proposed, as well as other restrictive practices, Clinical Services must assess all of the proposed restrictive practices. To refer a matter to Clinical Services, a relevant service provider should complete the *Referral to Clinical Services*.

For other restrictive practices: In identifying and agreeing on the appropriately qualified or experienced person, the relevant service provider should involve interested parties (such as any guardian, informal decision-maker or advocate) and other relevant service providers who provide support to the adult. If the only restrictive practice proposed is restricting access (to objects), the assessment can be done by the relevant service provider.

Note: The following paragraph is not a requirement under the *Disability Services Act 2006* but is recommended as good practice.

Relevant service provider support for initial assessment

In pursuing an assessment, the relevant service provider should provide sufficient information to make an initial assessment of the matter in relation to:

- the nature of any restrictive practice currently employed
- the nature of the adult's disability
- the nature of the adult's behaviour, including the harm it causes, the frequency and likelihood of future incidents
- the level of urgency of the situation.

Step 4: Initial assessment and decision to proceed with further assessment

Decision to proceed with further assessment

Note: The following information regarding decision to proceed with further assessment not a requirement under the *Disability Services Act 2006* but is recommended as good practice.

For containment or seclusion: Following a referral by the relevant service provider, Clinical Services may confirm that:

- a restrictive practice under the Act is being used or considered for use (containment or seclusion)
- the person with whom the restrictive practice is being used or considered is an adult with an intellectual or cognitive disability (with impaired decision-making capacity)
- the adult is receiving disability services from a relevant service provider.

Clinical Services in consultation with the relevant service provider may assign a priority to the referral and, where possible, the matter will be actioned according to a priority list.

For other restrictive practices: The relevant service provider, using an appropriately qualified or experienced person, may confirm that:

- a restrictive practice under the Act is being used or considered for use (physical, mechanical, chemical, restricting access to objects)
- the person with whom the restrictive practice is being used or considered is an adult with an intellectual or cognitive disability (with impaired decision-making capacity)
- the adult is receiving disability services from a relevant service provider.

The relevant service provider, using an appropriately qualified or experienced person, may assign a priority to the referral and, where possible, the matter will be actioned according to a priority list.

Responsibility for a decision

For containment or seclusion: Under the Act, the Director Clinical Practice or delegated senior clinician within the department's Clinical Services (as the Chief Executive's delegate) is responsible for the decision to proceed or not proceed with a multidisciplinary assessment for adults where containment or seclusion is in use or proposed.

The Director Clinical Practice or senior clinician (as delegate for the Chief Executive) may decide to conduct a multidisciplinary assessment if they consider containment or seclusion may be necessary to safeguard the adult or others from harm.

For other restrictive practices: Decisions relating to an assessment for adults where other restrictive practices are in use or are being considered (excluding in combination with containment or seclusion) are the responsibility of the relevant service provider, using an appropriately qualified or experienced person.

Deciding to conduct a multidisciplinary assessment

Before a restrictive practice can be used in relation to an adult with an intellectual or cognitive disability, the adult must be assessed.

If a relevant service provider notifies the Chief Executive that the relevant service provider wishes to contain or seclude the adult, the Director Clinical Practice or senior clinician (as delegate for the Chief Executive) must decide whether a multidisciplinary assessment of the adult will be conducted.

In deciding whether a multidisciplinary assessment of the adult will be conducted, Clinical Services must consult with, and consider the views of, the following:

- the adult
- the adult's guardian or informal decision-maker
- each relevant service provider
- the authorised psychiatrist responsible for the treatment of the adult (if Clinical Services is aware of a forensic order or involuntary treatment order for the adult under the *Mental Health Act 2000*)
- the senior practitioner responsible for the care of the adult (if the Specialist Disability is aware of a forensic order (Mental Health Court – disability) for the adult under the *Mental Health Act 2000*)
- any other person that Clinical Services considers to be integral to the decision (for example, a key health care provider or an advocate for the adult).

See the policy 'Consultation and engagement with clients and their support network'.

Decision not to proceed

For containment or seclusion: The decision by the Director Clinical Practice or senior clinician (as delegate for the Chief Executive), not to proceed to a multidisciplinary assessment is a decision that can be internally reviewed under the Act. Under the Act, notice of the decision not to proceed ('decision notice') must be provided to:

- the relevant service provider
- the adult
- a guardian or informal decision-maker for the adult who was consulted in the decision.

Any of these interested persons may apply for an internal review of that decision. To do this, they must complete the approved form *Application for Review of a Decision*.

The Director Clinical Practice or senior clinician (as delegate for the Chief Executive) should also suggest an appropriate/alternative response to the situation, if they decide not to conduct a multidisciplinary assessment.

For other restrictive practices: Where restrictive practices are in use or proposed (excluding in combination with containment or seclusion), the relevant service provider should clearly document the decision-making process for an assessment, particularly where there is disagreement among consulted parties.

The relevant service provider, using an appropriately qualified or experienced person, should also suggest an appropriate response or alternative to the situation if they decide not to conduct an assessment. For chemical restraint: It is recommended that the adult's treating doctor be consulted in the decision to proceed with a more comprehensive assessment.

Step 5: Risk management response

Note: The step to develop a risk management response is not a requirement under the *Disability Services Act 2006* but is recommended as good practice

For containment or seclusion: The relevant service provider, with the involvement of Clinical Services, may develop a risk management response.

For other restrictive practices: The relevant service provider, using an appropriately qualified or experienced person, may develop a risk management response.

The risk management response provides initial guidance to the relevant service provider and aims to help ensure the immediate safety of all those involved. It is a short-term measure, used only while a more thorough assessment is undertaken, and recommendations developed.

However, after this process, the relevant service provider may consider restrictive practices to be:

- necessary to prevent the adult's behaviour causing harm to the adult or others
- the least restrictive way of ensuring the safety of the adult or others.

Step 5a: Application to the Queensland Civil and Administrative Tribunal for appointment of a guardian

This step applies where the approval of chemical, mechanical or physical restraint, with or without restricted access (to objects) is proposed, but does not apply to circumstances where these practices are used in combination with containment or seclusion.

Types of application

For the use of chemical, mechanical or physical restraint: Consent will be required from a guardian for a restrictive practice (general) matter. At this stage, an interested person for the adult and/or the relevant service provider should make an initial application to the Queensland Civil and Administrative Tribunal (QCAT) for the appointment of a guardian for a restrictive practice (general) matter.

Making the application does not assume that the restrictive practice strategy will be supported following a more comprehensive assessment and development of a positive behaviour support plan. However, an application at this stage ensures the timely consideration of the matter by QCAT.

Step 6: Further assessment (multidisciplinary assessment or assessment)

For containment or seclusion: Clinical Services will ensure that a multidisciplinary assessment will be conducted if this is decided by the Chief Executive (or Director Clinical Practice or senior clinician as delegate).

For other restrictive practices: The relevant service provider is responsible for ensuring that an assessment by an appropriately qualified or experienced person is conducted.

Conducting an assessment

In conducting an assessment of the adult: the person undertaking the assessment should, where possible, consult with, and consider the views of, the following:

- the adult
- the adult's family members
- the adult's support network
- the adult's guardian or informal decision-maker
- each relevant service provider
- the authorised psychiatrist responsible for the treatment of the adult under the *Mental Health Act 2000* (if Clinical Services is aware of a forensic order or involuntary treatment order for the adult)
- the senior practitioner responsible for the care of the adult under the *Mental Health Act 2000* (if the Specialist Disability is aware of a forensic order (Mental Health Court – disability) for the adult)
- any other person that Clinical Services considers to be integral to the decision (for example, a key health care provider or an advocate for the adult).

Where chemical restraint is proposed, the relevant service provider should consult with the adult's treating doctor (the doctor prescribing the medication to be used), and inform the doctor about:

- the findings and theories of the persons who conducted the assessment about the adult's behaviour that causes harm to the adult or others, including the factors contributing to the behaviour
- the strategies, including other restrictive practices proposed to be used with chemical restraint, for meeting the adult's needs and improving the adult's capabilities and quality of life
- the strategies for reducing the intensity, frequency and duration of the adult's behaviour that causes harm to the adult or others.

The relevant service provider should also:

- ensure adequate information is provided to assist the treating medical practitioner
- coordinate consultation with the treating doctor to which relevant interested parties are invited
- attend consultations
- arrange for the interested parties to attend consultations, and
- request that the treating doctor completes a summary of recommendations regarding the use of chemical restraint for the adult.

Particular consideration should be given to the needs of people from Aboriginal, Torres Strait Islander or other cultural or linguistic backgrounds in this consultation process. This may take the form of having appropriate regard for Aboriginal tradition, Island custom or other cultural beliefs, and supporting people to participate in the process.

See the policy 'Consultation and engagement with clients and their support network'

Contents of assessment and assessment report

For containment or seclusion: The department's Clinical Services must undertake the assessment and develop a multidisciplinary assessment report.

For chemical, mechanical or physical restraint: The relevant service provider, using an appropriately qualified or experienced person, must undertake the assessment.

For restricting access to objects: the relevant service provider must undertake the assessment.

The Act sets out the minimum requirements for any assessment of the adult. An assessment must be made by one or more appropriately qualified or experienced persons, and:

- make findings about the nature, intensity, frequency and duration of the behaviour of the adult that causes harm
- develop theories about the factors that contribute to the adult's behaviour that causes harm
- make recommendations about appropriate strategies for:
 - meeting the adult's needs and improving their quality of life
 - reducing the intensity, frequency and duration of the behaviour that causes harm
 - managing the adult's behaviour that causes harm.

An assessment report may include input and other assessments from a range of sources including health and allied health professionals. The assessment should take into account the adult's communication support needs, cognitive profile and social and cultural background.

Particular consideration should be given to the needs of people from Aboriginal, Torres Strait Islander or other cultural or linguistic backgrounds in the assessment process. This may take the form of having appropriate regard for Aboriginal tradition, Island custom or other cultural beliefs and supporting people and their families to participate in the process.

The relevant service provider may ask a health professional or the Chief Executive (Department of Health) for confidential information to support the assessment. For more information, see 'Sharing information and confidentiality' on page 36 of this procedure.

The assessment for restricting access (to objects) may be significantly less detailed than for other restrictive practices, particularly where access is restricted due to a single behaviour. The detail of the assessment will generally reflect the complexity of the adult's behaviour.

For containment or seclusion: The assessment must demonstrate that the containment or seclusion strategy can be employed in a way that the adult's needs are met. Specifically, that the adult is provided with:

- sufficient bedding and clothing
- sufficient food and drink
- access to adequate heating and cooling
- access to toilet facilities
- the adult's medication as prescribed by a doctor
- access to the adult's support aids (for example wheelchair, assistive communication devices).

While it is not a requirement under the Act, these specifications listed above should also be considered for the other restrictive practices.

Relevant service provider to provide support for the assessment

Note: This is not a requirement under *the Disability Services Act 2006* but is recommended as good practice.

For containment or seclusion: The relevant service provider should support Clinical Services to undertake the assessment by, as a minimum:

- remaining engaged with Clinical Services through the assessment process
- providing access to the adult
- providing access to appropriate staff
- providing access to the adult's support environment
- facilitating access to the adult's family and significant others
- ensuring access to written information and files
- ensuring staff keep proper records regarding the assessment and positive behaviour support plan
- ensuring the adult is supported to access other health professionals (for example, general practitioner or psychiatrist) or allied health professionals (for example, speech and language pathologist), as required, to ensure a comprehensive assessment.

For other restrictive practices: The relevant service provider should support the appropriately qualified or experienced persons to undertake the assessment by, as a minimum:

- remaining engaged with the appropriately qualified or experienced
- person/s through the assessment process
- providing access to the adult
- providing access to appropriate staff
- providing access to the adult's support environment
- facilitating access to the adult's family and significant others
- ensuring access to written information and files
- ensuring staff keep proper records regarding the assessment and positive behaviour support plan
- ensuring the adult is supported to access other health professionals (for example, general practitioner or psychiatrist) or allied health professionals (for example, speech and language pathologist), as required, to ensure a comprehensive assessment.

Copy at the premises

Note: Keeping a copy of the assessment at the premise is not a requirement under the *Disability Services Act 2006* but is recommended as good practice.

The relevant service provider should keep a copy of the assessment information at the *premises* where the restrictive practice is in use.

Step 7: Decision on restrictive practice

Responsibility for decision

For containment or seclusion: The Director Clinical Practice or senior clinician (as delegate for the Chief Executive) is responsible for the decision to proceed or not to proceed with the development of a positive behaviour support plan for the adult.

For other restrictive practices (excluding in combination with containment or seclusion): The relevant service provider is responsible for the decision to proceed or not to proceed with the development of a positive behaviour support plan for adults where other restrictive practices are in use or being considered.

For containment or seclusion: The department's Clinical Services, with the involvement of the relevant service provider, should consider the recommendations from the various assessment sources in conjunction with the parties consulted during assessment.

For other restrictive practices: The relevant service provider, using an appropriately qualified or experienced person, should consider the recommendations from the various assessment sources in conjunction with the parties consulted during assessment.

Decision to proceed or not to proceed

For containment or seclusion: The decision not to proceed with the development of a positive behaviour support plan is made by a Director Clinical Practice or senior clinician (as delegate for the Chief Executive). A decision not to proceed with the development of a positive behaviour support plan can be internally reviewed under the Act. Under the Act, notice of the decision to not proceed ('decision notice') must be provided to the following (referred to as an 'interested person'):

- the relevant service provider
- the adult
- a guardian or informal decision-maker for the adult who was consulted in the decision.

An interested person can request a review of the decision by completing the *Application for review of a decision*. However, the Director Clinical Practice or senior clinician (as delegate for the Chief Executive), with the involvement of the relevant service provider, must develop a positive behaviour support plan on the basis the findings, theories and recommendations of the assessment of the adult and, if satisfied:

- the adult's behaviour has previously resulted in harm to the adult or others
- the use of the restrictive practice is necessary to safeguard the adult and others from harm
- the use of the restrictive practice is the least restrictive way of ensuring the safety of the adult and others.

For other restrictive practices (excluding in combination with containment or seclusion): The decision not to proceed should be recorded and supported by the recommendations of the appropriately qualified or experienced person for the relevant service provider. Also, the relevant service provider should ensure that the person is supported appropriately and safely through less restrictive methods.

For other restrictive practices: The relevant service provider, using an appropriately qualified or experienced person, must develop a positive behaviour support plan on the basis the findings, theories and recommendations of the assessing persons, if satisfied:

- the adult's behaviour has previously resulted in harm to the adult or others
- the use of the restrictive practice is necessary to safeguard the adult and others from harm
- the use of the restrictive practice is the least restrictive way of ensuring the safety of the adult and others.

Before proceeding with the development of a positive behaviour support plan for the adult, the Director Clinical Practice or senior clinician (as delegate for the Chief Executive) and/or the relevant service provider must:

- for containment or seclusion: ensure the adult has had a multidisciplinary assessment

- for other restrictive practices: ensure the adult has had an assessment
- consider the recommendations about appropriate strategies for:
 - meeting the adult's needs and improving the adult's capabilities and quality of life
 - reducing the intensity, frequency and duration of the adult's behaviour that causes harm to the adult or others
 - manage the adult's behaviour that causes harm to the adult or others to minimise the risk of harm.

For containment and seclusion: Where there are divergent views about proceeding to the development of a positive behaviour support plan the Director Clinical Practice or senior clinician (as delegate for the Chief Executive), with the involvement of the relevant service provider, must try and resolve the differences.

For other restrictive practices: Where there are divergent views about proceeding to the development of a positive behaviour support plan **the** relevant service provider must try and resolve the differences.

For containment and seclusion: Where there is a difference of opinion between any of the appropriately qualified or experienced persons who assessed the adult, the Director Clinical Practice or senior clinician (as delegate for the Chief Executive) must ensure that if there is a positive behaviour support plan, that this difference was taken into account when developing the positive behaviour support plan.

Where there is also a forensic order or involuntary treatment order for the adult made under the *Mental Health Act 2000*

For containment or seclusion: Where the authorised psychiatrist responsible for treatment of the adult under the *Mental Health Act 2000* or senior practitioner responsible for the care and support of the adult under the *Forensic Disability Act 2011* was consulted at the assessment stage but does not agree with the use of the restrictive practice, the Director Clinical Practice or senior clinician (as delegate for the Chief Executive) must notify QCAT about the views of the authorised psychiatrist. QCAT must then consider the views of the authorised psychiatrist or senior practitioner when making a decision.

For chemical, mechanical or physical restraint: Where the authorised psychiatrist responsible for treatment of the adult under the *Mental Health Act 2000* or senior practitioner responsible for the care and support of the adult under the *Forensic Disability Act 2011* was consulted at the assessment stage but does not agree with the use of the restrictive practice, the relevant service provider must notify the adult's guardian for restrictive practice (general) matters about the views of the authorised psychiatrist or senior practitioner on the use of the restrictive practice. The guardian for restrictive practice (general) matter must then consider the views of the authorised psychiatrist or senior practitioner when making a decision.

Step 7a: Application for a QCAT hearing (for containment or seclusion only)

This step only applies where the approval of containment or seclusion is proposed.

Types of applications

For the use of containment or seclusion, approval will be required from QCAT. At this stage, the Director Clinical Practice or senior clinician (as delegate for the Chief Executive) the relevant service provider must make a joint application to QCAT.

This application does not assume that the restrictive practice strategy will be supported following a more comprehensive assessment and positive behaviour support plan. An application at this stage allows a date to be scheduled for QCAT to hear an application for the use of containment or seclusion.

Where containment or seclusion is being considered in combination with other restrictive practices, a single application to QCAT is required. QCAT will consider approval of all restrictive practices in the one hearing in accordance with the one positive behaviour support plan.

Step 8: Development of a positive behaviour support plan

For containment or seclusion: the Director Clinical Practice or senior clinician (as delegate for the Chief Executive) is responsible for developing a positive behaviour support plan for the adult.

For other restrictive practices: the relevant service provider, using an appropriately qualified or experienced person, is responsible for developing a positive behaviour support plan for the adult.

The entity developing the positive behaviour support plan must consult and consider the views of:

- the adult
- each relevant service provider supporting the adult
- any existing guardian or informal decision-maker for the adult
- the authorised psychiatrist responsible for the treatment of the adult (where the adult is subject to a forensic order or involuntary treatment order under the *Mental Health Act 2000*)
- if the adult is a forensic disability client – the senior practitioner responsible for the care and support of the client under the *Forensic Disability Act 2011*
- any other person considered integral to the development of the plan (for example, a key health care provider, a family member, friend or advocate for the adult)
- where chemical restraint is also proposed, the adult's treating doctor should also be consulted (the doctor prescribing the medication to be used).

Where chemical restraint is proposed, the relevant service provider should consult with the adult's treating doctor (the doctor prescribing the medication to be used), and inform the doctor about:

- the findings and theories of the persons who conducted the assessment about the adult's behaviour that causes harm to the adult or others, including the factors contributing to the behaviour
- the strategies, including other restrictive practices proposed to be used with chemical restraint, for meeting the adult's needs and improving the adult's capabilities and quality of life
- the strategies for reducing the intensity, frequency and duration of the adult's behaviour that causes harm to the adult or others.

Particular consideration should be given to the needs of people from Aboriginal, Torres Strait Islander or other cultural or linguistic backgrounds in the assessment process. This may take the form of having appropriate regard for Aboriginal tradition, Island custom or other cultural beliefs and supporting people and their families to participate in the process

See the policy 'Consultation and engagement with clients and their support network'.

Model positive behaviour support plan

In developing the positive behaviour support plan, the Director Clinical Practice or senior clinician (as delegate for the Chief Executive), or the relevant service provider, must have regard to a model positive behaviour support plan. The model plan is a plan prepared by the Chief Executive of the Department and published on the Department's website. Similarly, when a service provider is developing a positive behaviour support plan, they must also have regard to the model positive behaviour support plan.

This requirement is to ensure that the development of positive behaviour support plans is guided by an evidenced based best practice model positive behaviour support plan to ensure that the plans are workable in practice and achieve the best outcomes for the adult.

Where there is also a forensic order or involuntary treatment order for the adult made under the *Mental Health Act 2000*

Under the Act, if the Director Clinical Practice or senior clinician (as delegate for the Chief Executive) or relevant service provider is aware the adult is subject to a forensic order or involuntary treatment order, the clinician in Clinical Services, with the involvement of the relevant service provider (for containment or seclusion), or the relevant service provider, using an appropriately qualified or experienced person (for other restrictive practices), must if requested by the Director of Mental Health or Director of Forensic Disability, provide the Director with a copy of the positive behaviour support plan.

Contents of the positive behaviour support plan

The overall aim of the positive behaviour support plan is to reduce and, wherever possible, eliminate the use of restrictive practices and improve the quality of life for the adult. The importance of a positive behaviour support plan is that it provides a planned and multi-elemental approach to supporting the individual. Where possible, it should be written in plain English and in a way that can be easily understood by service providers and their staff.

The positive behaviour support plan must be directly based on the assessment of the adult. Under the Act, the positive behaviour support plan describes the following strategies to be used to:

- meet the adult's needs
- support the adult's development of skills
- maximise opportunities through which the adult can improve their quality of life
- reduce the intensity, frequency and duration of the adult's behaviour that causes harm to the adult or others.

At a minimum, under the Act, the positive behaviour support plan must include each of the following:

- in relation to previous behaviour of the adult that has caused harm to the adult or others, a description of—
 - (i) the intensity, frequency and duration of the behaviour
 - (ii) the consequences of the behaviour
 - (iii) the early warning signs and triggers for the behaviour, if known
- the positive strategies that must be attempted before using a restrictive practice, including the community access arrangements in place for the adult
- for each restrictive practice proposed to be used in relation to the adult—
 - (i) the circumstances in which the restrictive practice is to be used
 - (ii) a demonstration of why use of the restrictive practice is the least restrictive way of ensuring the safety of the adult or others
 - (iii) the procedure for using the restrictive practice, including observations and monitoring, that must happen while the restrictive practice is being used
 - (iv) any other measures that must happen while the restrictive practice is being used that are necessary to ensure—
 - (a) the adult's proper care and treatment
 - (b) the adult is safeguarded from abuse, neglect and exploitation
 - (v) a description of the anticipated positive and negative effects on the adult of using the restrictive practice
 - (vi) the intervals at which use of the restrictive practice will be reviewed by the relevant service provider using the restrictive practice
- for seclusion—the maximum period for which seclusion may be used at any 1 time and the maximum frequency of the seclusion
- for chemical restraint—

- (i) the name of the medication to be used and any available information about the medication, including, for example, information about possible side effects
- (ii) (ii) the dose, route and frequency of administration, including, for medication to be administered as and when needed, the circumstances in which the medication may be administered, as prescribed by the adult's treating doctor
- (iii) if the adult's medication has previously been reviewed by the adult's treating doctor—the date of the most recent medication review
- (iv) the name of the adult's treating doctor
- (v) for mechanical or physical restraint—the maximum period for which the restraint may be used at any 1 time.

There are some additional requirements, depending on the type of restrictive practice proposed.

The strategies included in the positive behaviour support plan should take into account the adult's communication needs, social and cultural background. Particular consideration should be given to the needs of people from Aboriginal, Torres Strait Islander or other cultural or linguistic backgrounds in the assessment process. This may take the form of having appropriate regard for Aboriginal tradition, Island custom or other cultural beliefs, and supporting people and their families to participate in the process.

Where more than one restrictive practice is proposed in relation to the adult, irrespective of the number of service providers or the number of restrictive practices, the adult should have a single positive behaviour support plan developed.

The Director Clinical Practice or senior clinician in (as delegate for the Chief Executive) and/or the relevant service provider should seek to verify the content and practicability of the plan and its strategies prior to seeking approval through QCAT.

- **Clinical Services:** It is recommended that all positive behaviour support plans are signed off by the Director Clinical Practice or senior clinician (as delegate for the Chief Executive) and also verified by Legal Services, Department of Communities, Child Safety and Disability Services to ensure they adhere to legislative requirements.
- **Relevant service provider:** It is recommended that relevant service providers seek verification from those who will be implementing the proposed plan and/or from peers from within the service.

Copy at the premises

Under the Act, the relevant service provider must ensure that a copy of the positive behaviour support plan is kept at the premises where the restrictive practice is used.

Step 9: Approval or consent

Range of approvals or consents

Who approves or consents to the use of a restrictive practice depends on the type of restrictive practice proposed (see Table 2 below).

Table 2: Use of restrictive practice approval or consent pathways

	Containment/ seclusion	Physical restraint/ mechanical restraint/ chemical	Restricting access (to objects)	Combination of restrictive practices
Type of decision and relevant decision-maker	Approval by QCAT QCAT can make conditions	Consent by the guardian for a restrictive practice (general) matter Guardian can make conditions	Consent by the guardian for a restrictive practice (general) matter, if appointed, or informal	Approval by QCAT (if the plan includes containment or seclusion in combination with other restrictive practices) Otherwise, consent by guardian for a restrictive practice
Responsible parties for applying for approval or seeking consent	Joint relevant service provider and Clinical Services	Relevant service provider	Relevant service provider	Joint relevant service provider and Clinical Services where the plan includes containment or seclusion with other restrictive practices Otherwise, the relevant service provider

Relevant service provider support in gaining approval or consent

For containment or seclusion the relevant service provider, with the Director Clinical Practice or senior clinician (as delegate for the Chief Executive), is responsible for providing sufficient information to the relevant decision-maker to facilitate the decision to approve (QCAT) or consent (guardian or informal decision-maker).

To support this decision, the relevant service provider, with the involvement of the Director Clinical Practice or senior clinician (as delegate for the Chief Executive), should provide the relevant decision-maker with:

- the multidisciplinary assessment report
- the positive behaviour support plan
- the review process and procedures
- other reports or documents as requested by QCAT, and
- the terms of any forensic order or involuntary treatment order under the *Mental Health Act 2000* (if the relevant service provider is aware of the order).

For other restrictive practices, the relevant service provider alone is responsible for providing sufficient information to the *relevant decision-maker* to facilitate the decision to approve (QCAT) or consent (guardian or informal decision-maker). To support this decision, the relevant service provider should provide the relevant decision-maker with:

- an assessment report
- the positive behaviour support plan
- the review process and procedures
- other reports or documents as requested by QCAT, and
- the terms of any forensic order or involuntary treatment order under the *Mental Health Act 2000* (if the relevant service provider is aware of the order).

Under the Act, the relevant service provider must give the guardian for restrictive practice (general) matter or informal decision-maker:

- the positive behaviour support plan
- any assessment or other information used to develop or change the plan
- the terms of the order (if the relevant service provider is aware of a forensic order, or involuntary treatment order made under the *Mental Health Act 2000*).

This information is required to enable the relevant decision-maker to make an informed decision. If the relevant service provider provides this information in accordance with the Act, the Act provides that they are legally protected in giving this information.

Period of approval or consent

An approval for containment or seclusion made by QCAT must be no more than 12 months.

QCAT can appoint a guardian for restrictive practice matter for no more than two years. This means that at least every two years or when the appointment ends, whichever is sooner, QCAT will formally review the decisions of the guardian for restrictive practice matters.

Under the Act, a QCAT approval ends if the adult dies or if the adult stops receiving disability services from the relevant service provider. In this event the relevant service provider must notify QCAT in writing.

Notification

For containment or seclusion: If QCAT approves containment or seclusion, the relevant service provider must notify the Chief Executive of the Department of Justice and Attorney-General. Notification to the Chief Executive (or delegate) of the Department of Justice and Attorney-General allows the Community Visitor Program to be aware that restrictive practices may be authorised and used on the visitable site, and to undertake planned and unplanned visits to the site.

Notification is only required where:

- QCAT has approved the use of containment or seclusion on the visitable site
- there are no other restrictive practice approvals in relation to the visitable site.

That is, notification is not required for each restrictive practice approval for the visitable site (it is a 'one-off notification').

The relevant service provider must give written notice within 21 days of a QCAT approval stating:

- the name of address of the visitable site
- that a restrictive practice approval has been given in relation to the visitable site.

Also, if all restrictive practice approvals relating to the visitable site stop having effect, the service provider must also notify the Chief Executive of the Department of Justice and Attorney-General (or delegate) within 21 days.

For other restrictive practices: If the relevant decision-maker consents to the use of chemical, mechanical or physical restraint, or restricting access (to objects), the relevant service provider must:

- notify the Chief Executive of the Department of Justice and Attorney-General (or delegate)
- notify the Chief Executive of the Department of Communities, Child Safety and Disability Services, or delegate.

A relevant service provider must also give to the Chief Executive, in the way and at the time prescribed under a regulation, information about the use of restrictive practices prescribed under a regulation. This relates to adults with an intellectual or cognitive disability on whom the relevant service provider is using a restrictive practice.

Notification to the Department of Justice and Attorney-General

Notification to the Department of Justice and Attorney-General allows the Community Visitor Program to be aware that restrictive practices have been approved and may be used on a visitable site. Notification is only required where:

- the relevant decision-maker has consented to the use of chemical, mechanical or physical restraint, or restricting access (to objects) on the visitable site
- there are no other restrictive practice approvals in relation to the visitable site.

That is, notification is not required for each restrictive practice approval for the visitable site (it is a 'one- off notification').

The relevant service provider must give written notice within 21 days of the consent being given stating:

- the name of address of the visitable site
- that a restrictive practice approval has been given in relation to the visitable site.

Also, if all restrictive practice approvals relating to the visitable site stop having effect, the service provider must also notify the Chief Executive of the Department of Justice and Attorney-General (or delegate) within 21 days.

Notification to the Department of Communities, Child Safety and Disability Services

Notification to the Department of Communities, Child Safety and Disability Services delegate allows the Department to be aware that restrictive practices (other than containment or seclusion) have been approved and may be used at a service outlet.

The notification relates to a service outlet and only needs to be provided if:

- the relevant decision-maker has given their consent to use chemical, mechanical or physical restraint, or restricting access (to objects) at a service outlet
- there are no other limited restrictive practice approvals in relation to the service outlet.

That is, notification is not required for each restrictive practice approval for the visitable site (it is a 'one- off notification').

Notification must be made by completing the approved form *Notification of Approval for the Use of Restrictive Practices*.

Also, if all limited restrictive practice approvals relating to the service outlet stop having effect, the service provider must also notify the Chief Executive of the Department of Communities, Child Safety and Disability Services, or delegate, within 21 days.

Step 10: Implementation

Responsibility for implementation

For containment or seclusion: The relevant service provider, with the involvement of Clinical Services, is responsible for ensuring the appropriate implementation of the positive behaviour support plan.

Under the Act, a relevant service provider may contain or seclude an adult with intellectual or cognitive disability if:

- the containment or seclusion is necessary to prevent the adult's behaviour causing harm to the adult or others
- it is the least restrictive way of ensuring the safety of the adult or others
- the use of containment or seclusion complies with the approval given by QCAT
- containment or seclusion is used in accordance with the positive behaviour support plan developed— this includes the carrying out of prescribed positive and proactive strategies for enhancing the adult's quality of life as well as reducing the occurrence of the behaviour that causes harm, and
- when using containment or seclusion, the relevant service provider ensures the adult's basic needs are met.

For other restrictive practices: The relevant service provider, using an appropriately qualified or experienced person, is responsible for ensuring the appropriate implementation of the positive behaviour support plan.

Under the Act, a relevant service provider may use chemical, mechanical or physical restraint or restricting access (to objects) if:

- the restrictive practice is necessary to prevent the adult's behaviour causing harm to the adult or others
- the restrictive practice is the least restrictive way of ensuring the safety of the adult or others
- the use of the restrictive practice complies with the consent of the relevant decision-maker and complies with the positive behaviour support plan developed — this includes the carrying out of prescribed positive and proactive strategies for enhancing the adult's quality of life as well as reducing the occurrence of the behaviour that causes harm.

For restricting access (to objects): The relevant service provider must also implement procedures that minimise the impact on other persons living at the premises.

Staff skills and knowledge

The relevant service provider must ensure that any individual who uses the restrictive practice strategy has:

- sufficient knowledge of the requirements for the lawful use of the restrictive practice
- the skills and knowledge required to use the restrictive practice.

The relevant service provider should make appropriate staff deployment arrangements to support adults whose behaviour causes harm and where restrictive practices are used at times to manage their behaviours. The use of casual staff in such circumstances, where considered appropriate, will require arrangements for the provision of the appropriate skills and knowledge.

To this end the relevant service provider should ensure that:

- all relevant staff are made available for training or coaching
- all interventions, as outlined in the plan, are implemented according to the specific instructions detailed in the plan
- detailed records are kept of the application of the positive strategies outlined in the plans
- detailed records are kept of each use of a restrictive practice
- formal monitoring activities are followed and input sought from other relevant stakeholders as appropriate.

The relevant service provider should ensure that they support the implementation of the strategies as outlined in the implementation plan, including:

- training or coaching plan implementers
- providing tools by which detailed records are kept of the application of the positive strategies outlined in the plans
- providing tools for keeping detailed records of each use of a restrictive practice
- engaging in formal monitoring activities and seeking the input from other relevant stakeholders as appropriate.

Step 11: Monitoring

Monitoring tools

Monitoring tools should be developed to specifically address the adult's needs and positive behaviour support plan. Clinical Services or appropriately qualified or experienced person should provide the relevant service provider with the appropriate tools to monitor:

- the implementation of the positive elements of the positive behaviour support plan
- the effectiveness of the positive strategies in reducing the incidence of the target behaviour and improving the adult's quality of life
- the use of each restrictive practice
- the effectiveness of each restrictive practice in reducing harm
- the effectiveness of the strategies in monitoring the restrictive practices to prevent abuse, neglect or exploitation
- for restricting access (to objects), to minimise the impact on other persons at the premises.

The relevant service provider should ensure that all monitoring tools are:

- used to provide feedback to staff on the implementation of the positive behaviour support plan
- used to promote reviews of the implementation of the positive behaviour support plan

- employed as directed by Clinical Services (for containment or seclusion)
- used to prompt referrals to Clinical Services for changes in the positive behaviour support plan (for containment or seclusion).

Service providers will be required to report information on the use of restrictive practices as prescribed under a regulation.

Ongoing support to the relevant service provider

For containment or seclusion: Clinical Services should decide with the relevant service provider the nature of the ongoing relationship between Clinical Services and the adult who is subjected to restrictive practices.

For other restrictive practices: The relevant service provider should decide the nature of the ongoing relationship between the appropriately qualified or experienced person and the adult who is subjected to the restrictive practice.

Both these decisions may consider factors such as:

- the complexity of the issues contributing to the need for the restrictive practice
- the confidence in the hypotheses formulated to explain the occurrence of the behaviour
- the confidence of the relevant service provider and their staff in implementing the positive behaviour support plan and in monitoring and evaluating the effectiveness of the positive behaviour support plan, and
- the conditions of a QCAT order approving the use of containment or seclusion.

Step 12: Review of a positive behaviour support plan

Review intervals

For a restrictive practice not used under a containment or seclusion approval – use of the restrictive practice must be reviewed by the Chief Executive of the Department of Communities, Child Safety and Disability Services at least once during each 12-month period.

For a restrictive practice used under a containment or seclusion approval, use of the restrictive practice must be reviewed when required by the Chief Executive, and at least once during the period of the approval.

The responsibility for scheduling the review may be negotiated between the guardian for a restrictive practice (general) matter (if appointed) and the informal decision-maker, the adult and the relevant service provider.

Review by the Queensland Civil and Administrative Tribunal

At any time during the period of a containment or seclusion approval, or the guardian's appointment, the following people may apply to QCAT for an earlier review:

- the adult
- an interested person for the adult
- a relevant service provider

- the Chief Executive of the Department of Communities, Child Safety and Disability Services
- the Director of Mental Health (if the adult is subject to forensic order or involuntary treatment order made under the *Mental Health Act 2000*),
- the Director of Forensic Disability (if the adult is subject to a forensic order (Mental Health Court – disability) made under the *Mental Health Act 2000*), or
- the Public Guardian.
- QCAT may also initiate an earlier review on their own initiative.

Review responsibilities

It is the responsibility of the relevant service provider to ensure that:

- the information that is gathered through the monitoring tools is reviewed at the intervals outlined in the positive behaviour support plan to:
 - determine whether the hypotheses underpinning the behaviour support plan continue to be valid
- to establish whether the restrictive practice is achieving the goal of reducing the risk of harm associated with the behaviours
 - to determine whether the strategies are proving effective in reducing the use of the restrictive practices
- other stakeholders are involved in these reviews as appropriate, including making a referral to Clinical Services where warranted.

For containment or seclusion: It is the responsibility of the relevant service provider, with the involvement of Clinical Services to ensure that:

- the positive behaviour support plan clearly outlines review intervals
- performance measures are provided against which achievements can be measured
- relevant service providers are trained in reviewing the information gathered
- support is provided to the reviews.

For other restrictive practices: It is the responsibility of the relevant service provider, using an appropriately qualified or experienced person, to ensure that:

- the positive behaviour support plan clearly outlines review intervals
- performance measures are provided against which achievements can be measured
- relevant service providers are trained in reviewing the information gathered
- support is provided to the reviews.

Step 13: Changes to the positive behaviour support plan following implementation

Reasons for changing a positive behaviour support plan

After approval or consent, changes may be required to the positive behaviour support plan because of a range of factors including:

- change in a relevant service provider
- changes in the adult's behaviour that causes harm
- notification by the Director of Mental Health that an involuntary treatment order or forensic order has been made for the adult, under the *Mental Health Act 2000*
- notification by the Director of Forensic Disability that a forensic order (Mental Health Court – disability) has been made for the adult, under the *Mental Health Act 2000*
- identification that the behaviour that causes harm is not reducing as a result of the current strategies in place

A change to the plan may be identified by the relevant service provider, Clinical Services, appropriately qualified or experienced person, or other party such as the treating doctor. A change to a plan can also arise through an approval or consent requiring review or expiring.

Who can approve or consent to a change

For containment or seclusion: Under the Act, where QCAT has approved the restrictive practice, the relevant service provider must first apply to Clinical Services (as delegate for the Chief Executive) if they want to change the positive behaviour support plan.

Clinical Services must decide whether a change to the positive behaviour support plan should be made if:

- a relevant service provider asks in writing to make a change to the plan
- Clinical Services becomes aware that the adult is subject to an involuntary treatment order, forensic order for the adult made under the *Mental Health Act 2000*.

Where Clinical Services decides a change to the plan should be made, they must then decide whether a change requires an application to QCAT for review of the containment or seclusion approval. A change requires an application to QCAT if:

- the change is inconsistent with the terms of a previously granted containment or seclusion approval from QCAT
- where the previous approval is about to expire.

For chemical, mechanical or physical restraint: Under the Act, any change to the positive behaviour support plan must be consented to by the guardian for restrictive practice (general) matter.

For restricting access (to objects) only: Under the Act, any change to the positive behaviour support plan must be consented to by a guardian for restrictive practice matter or, if such a guardian does not exist, an informal decision-maker.

Table 3 lists the specific requirements in the Act to make a change to a positive behaviour support plan.

Specific requirements under the Act relating to a change of positive behaviour support plan

The relevant service provider is responsible for coordinating the process for making a change to the positive behaviour support plan in line with the requirements of the Act as outlined in Table 3.

Restrictive practice	Containment/ seclusion	Physical restraint/ mechanical restraint/ chemical restraint	Restricting access (to objects only)	Combination of restrictive practices
Initiating a change	Relevant service provider must apply in writing to Clinical Services	Nil (relevant service provider would raise directly with appropriately qualified or experienced	Nil (relevant service provider would raise directly with appropriately qualified or experienced person or relevant service provider).	Written application where a containment or seclusion plan.
Decision to change a plan	Clinical Services must be satisfied the change would not: <ul style="list-style-type: none"> • increase risk of harm to the adult or others, or • decrease meeting the adult's needs • or quality of life. Specialist Disability Service may: <ul style="list-style-type: none"> • conduct part or all of multidisciplinary assessment, or consult the adult, the guardian or informal decision-maker, or other person integral to the decision. 	The relevant service provider must ensure agreement to the changes by an appropriately qualified or experienced person. For chemical restraint, the treating doctor must have been consulted.	Nil (in practice, the change would be made by the relevant service provider in consultation with the appropriately qualified or experienced person).	Clinical Services involvement where there is containment or seclusion in the positive behaviour support plan. Otherwise, the guardian for a restrictive practice (general) matter (physical, mechanical or chemical restraint) or the informal decision-maker (restricting access to objects).

	<p>Clinical Services must:</p> <ul style="list-style-type: none"> consult an authorised psychiatrist where the change is required because of an involuntary treatment order or forensic order. <p>Clinical Services make an application to QCAT to review an existing containment or seclusion approval where:</p> <ul style="list-style-type: none"> the change is inconsistent with the terms of the existing approval, or the approval is about to expire. 			
Approval or consent to a changed plan	<p>Clinical Services approves the change and then an application to QCAT is made to review an existing approval of containment or seclusion.</p>	<p>The relevant service provider is responsible for obtaining consent from The guardian for a restrictive practice (general) matter.</p>	<p>The relevant service provider is responsible for obtaining consent from the guardian for a restrictive practice (general) matter, where this person exists. Otherwise, the relevant service provider is responsible for obtaining consent from the informal decision-maker.</p>	<ul style="list-style-type: none"> QCAT or Clinical Services (depending on the change) if plan contains containment or seclusion. The guardian for a restrictive practice (general) matter if physical, mechanical or chemical restraint, and no containment or seclusion. The relevant service provider where restricting access to objects only.
Making the formal change to the PBS plan	<p>Clinical Services</p>	<p>The relevant service provider (in practice, the changes would</p>	<p>The relevant service provider (in practice, the</p>	<p>Clinical Services where containment or seclusion is contained in the plan. Otherwise,</p>

		be made in consultation with the appropriately qualified or experienced person).	changes would be made in consultation with the appropriately qualified or experienced person).	relevant service provider with the appropriately qualified or experienced person.
Notification and provision of copies	<p>Clinical Services must give a prescribed notice as soon as practicable after the decision is made to change the plan to:</p> <ul style="list-style-type: none"> the relevant service provider, or the Director of Mental Health or Director of Forensic Disability and the relevant service provider, where the change was made due to a forensic order or involuntary treatment order. <p>Where Clinical Services cannot locate the informal decision-maker, or it is not reasonable that Clinical Services would be aware of the informal decision-maker, a copy of the plan does not have to be provided.</p>	<p>Nil (in practice, the relevant service provider should notify and provide a copy of the changed plan to all interested parties consulted).</p> <p>Where the relevant service provider is aware of a forensic order or involuntary treatment order, they must provide:</p> <ul style="list-style-type: none"> a notice to the Director of Mental Health or Director of Forensic Disability as soon as practicable and if requested, a copy of the positive behaviour support plan to the Director of Mental Health or Director of Forensic Disability. 	<p>Nil (in practice, the relevant service provider should notify and provide a copy of the changed plan to all interested parties consulted).</p> <p>Where the relevant service provider is aware of a forensic order or involuntary treatment order, they must provide:</p> <ul style="list-style-type: none"> a notice to the Director of Mental Health or Director of Forensic Disability as soon as practicable and if requested, a copy of the positive behaviour support plan to the Director of Mental Health or Director of Forensic Disability. 	<p>Clinical Services to notify and provide a copy as required, where containment or seclusion is contained in the positive behaviour support plan.</p> <p>Otherwise, follow the requirements for other restrictive practices.</p>

Note: These points below regarding support arrangements are not a requirement under the *Disability Services Act 2006* but are recommended as good practice.

For containment or seclusion, Clinical Services, or for other restrictive practices the appropriately qualified or experienced person, should support the relevant service provider by:

- retaining supervision of the positive behaviour support plan reviewing its implementation and identifying changes required
- providing that advice to the service provider
- supporting the implementation of the new plan in line with the implementation plan.

The relevant service provider should support Clinical Services or appropriately qualified or experienced person during the implementation of the positive behaviour support plan by, as a minimum:

- remaining engaged with Clinical Services or appropriately qualified or experienced person throughout the process
- providing access to the adult
- providing access to appropriate staff
- providing access to the adult's support environment
- facilitating access to the adult's family and significant others
- ensuring access to written information and files
- ensuring that staff keep proper records of the assessment and development of the positive behaviour support plan
- ensuring that the adult is supported to access other health professionals (for example, a general practitioner or psychiatrist) or allied health professionals (for example, a speech and language pathologist).

Where a request for change to the plan is not supported or approved, or consent obtained, the positive behaviour support plan will remain in place in its unchanged form.

Records

Under the Act, the relevant service provider must keep at the premises where disability services are provided to the adult a copy of the positive behaviour support plan for the adult, and any short term approval for the adult, for inspection by:

- staff of the relevant service provider
- a guardian, informal decision-maker or advocate for the adult, and
- a community visitor under the *Guardianship and Administration Act 2000*.

Sharing information and confidentiality

The Act facilitates the disclosure of information by health care professionals for the purpose of assessments and development of plans.

A relevant service provider may request confidential information from a health professional or the Chief Executive of Department of Health where the information is relevant to:

- the assessment of the adult, including the making of a decision about whether to assess
- the development or changing of a positive behaviour support plan for the adult.

Under the Act, the health professional or Chief Executive of the Department of Health is protected for providing this information in accordance with the Act.

If the relevant service provider gains confidential information, they must maintain confidentiality. Under the Act, they must not disclose confidential information unless it is in accordance with what is allowed under the Act. The relevant service provider may disclose the information to someone else:

- as required or authorised under the Act
- to discharge a function under another law
- for a proceeding in court or tribunal
- if authorised in writing by the adult to whom the information relates
- to protect a person with a disability from abuse, neglect or exploitation.

Note: It is an offence under the *Disability Services Act 2006* to disclose the information to anyone other than as allowed under the Act.

Further information

For further information about the new legislation (including access to forms, templates and information sheets), visit www.disability.qld.gov.au

Note: If there is any inconsistency between this procedure (and related policy) and the *Disability Services Act 2006*, the provision in the *Disability Services Act 2006* applies to the extent of the inconsistency.

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Office: Disability Strategic Policy, Disability Services

Help Contact: Disability Strategic Policy, Disability Services

Links

Disability Services Act 2006

Guardianship and Administration Act 2000

Operational Policy - Restrictive practices (full legislative scheme)

Michael Hogan

Director-General