Disability Services

PROCEDURE

Title: Restrictive practices for respite or community access services only (full legislative scheme)

Purpose

This procedure deals with the use of restrictive practices under the full legislative scheme in cases where the only disability service the adult is receiving is respite or community access services.

The procedures particularly apply to a relevant service provider providing respite or community access 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 to meet the requirement under the Human Services Quality Framework to keep and implement a policies and procedures on restrictive practices.

Process

The process for the full legislative requirements (for respite or community access services only) are described in steps 1–10, which cover:

1. identification
2. obtaining information about the adult
3. referral for assessment
4. a decision on restrictive practice
5. development of a respite or community access plan
6. consent
7. implementation
8. monitoring
9. review
10. changes to a respite or community access plan.

Figure 1 flow chart should be considered together with descriptions for each step, which immediately follows each flow chart. Please note, the use of chemical restraint (fixed dose) in respite services only has a different process, and is dealt with at the end of these steps.

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 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 account of the range of service settings and the range of restrictive practices. Each adult should only have a single respite or community access 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 respite or community access plan for the adult. 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 that the single respite or community access plan reflects the adult's different needs in different service environments.

Plan complexity

The Act outlines the minimum requirements for a respite or community access plan. Over and above these minimum requirements, the size and complexity of the assessment and plan will, in general, vary according to the complexity of the individual's circumstances. However, the positive behaviour support plan still needs to be understood and implemented by the relevant service provider and its staff.

Steps

Step 1: Identification and statement of restrictive practices

The relevant service provider should first identify whether the Disability Services Act 2006 may apply. That is:

- The person is an adult (that is, 18 years of age or older).
- The adult has an intellectual or cognitive disability and impaired decision-making capacity for restrictive practices.
- The only disability services the adult receives are respite or community access services.
- One or more restrictive practices under the Act are proposed while the adult is receiving respite or community access services:
    - 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 locking of gates, doors and windows due to the adult being an adult with a skills deficit 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*
- 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 respite or community access providers supporting the adult and determine which relevant service provider will take primary responsibility for progressing the development of a single plan for the adult that is based on the ensuing steps in the process. Primary responsibility may be taken by the service providing the most hours of support to the adult or by negotiated agreement.

For respite services, the use of restrictive practices with the person may be determined at the point of developing forward respite schedules. Where the respite client is known, practices used in previous visits to respite should be considered. For new or unknown respite clients, information gathered at the intake should include any restrictive practices recommended for use in respite.

Statement for clients and families

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 adults 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 of use

Note: The information below about the initial review of necessity of use is not a requirement under the Disability Services Act 2006 but is recommended as good practice.

Where a restrictive practice is in use or proposed, the relevant service provider, in collaboration with other 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 another, 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
- Where a less restrictive way is available and there is 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.

Step 3: Obtaining information about the adult (including risk assessment)

Risk assessment

Under the Act, the relevant service provider must gather relevant information about the adult for identifying:

- The adult's needs
- The behaviour of the adult that causes harm to the adult or others, including consequences of the behaviour
- The factors contributing to the behaviour that causes harm to the adult or others.

Other relevant information may include:

- The nature of the restrictive practice, if currently employed
- The nature of the adult's disability.

This will help inform the development of the respite or community access plan (see Step 5).

Under the Act, the relevant service provider must conduct a risk assessment of the adult, and identify and keep record of:

- The risks associated with the provision of respite services or community access services to the adult by the relevant service provider
- The procedures the relevant service provider will implement to mitigate those risks.

This will assist with the decision about whether to use a restrictive practice in the respite or community access context.

The relevant service provider must identify and keep a record of the risks associated with the provision of respite or community access services to the adult by the relevant service provider, such as the likelihood of the adult's behaviour causing harm to another client, the adequacy of staff training in the management of the behaviour, and the physical environment. The relevant service provider must also keep a record of the procedures the relevant service provider will implement to minimise these risks.

When conducting a risk assessment and considering the use of a restrictive practice, the relevant service provider should consider the adult's communication support needs, social, linguistic 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 seek advice and support from appropriately qualified or experienced persons in obtaining appropriate information or conducting the risk assessment to assist with the decision and/or to inform a plan for the adult.

Risk assessment for an adult in respite and community access services

Under the *Disability Services Act 2006*, the relevant service provider must identify and record the risks associated with the provision of respite or community access services to the adult.

In conducting the risk assessment, the relevant service provider should consult with, and consider the views of:

- the adult
- the adult's guardian or informal decision-maker
- any other relevant service providers
- any other person that the relevant service provider considers to be integral to the decision (for example, family member, friend or advocate).

If the relevant service provider is aware there is a forensic order or involuntary treatment order in force for the adult under the *Mental Health Act 2000* they should consult with the authorised psychiatrist treating the adult.

Where chemical restraint is involved, the relevant information may be obtained from the adult's treating doctor.

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

Step 4: Decision on restrictive practice

The relevant service provider, in conjunction with the parties consulted during the risk assessment, must consider the information and determine whether the use of the restrictive practice is necessary on the basis of the risk of harm to the adult or others, and whether the restrictive practice is the least restrictive.

Where the use of restrictive practices in a respite or community access service is recommended, the relevant service provider must develop a respite/community access plan for the adult (see Step 5).

Where there are divergent views about the use of a restrictive practice, the relevant service provider should try and resolve the differences.

If a decision is taken to discontinue or not proceed with the use of the restrictive practice in respite or community access, the relevant service provider should ensure that the adult is supported appropriately and safely, through other alternate strategies.

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

Step 4a: Application to the Queensland Civil and Administrative Tribunal for appointment of a guardian

This step applies where it is proposed to use containment, seclusion or chemical restraint (excluding chemical restraint [fixed dose] in respite only).

Types of application

For the use of containment, seclusion or chemical restraint (excluding chemical restraint — fixed dose), consent will be required from a guardian for a restrictive practice (respite) matter. At this stage, the relevant service provider should make an application to the Queensland Civil and Administrative Tribunal (QCAT) for the appointment of a guardian for a restrictive practice (respite) matter.

The application does not assume that the restrictive practice strategy will be supported; however, an application at this stage ensures the timely consideration of the matter by QCAT.

Under the Act, an appointment of a guardian for a restrictive practice (respite) matter may be on terms as considered appropriate by QCAT and has effect for the period stated in the order but the appointment cannot be for more than two years from the day the order is made.

Step 5: Development of respite or community access plan

Under the Act, the relevant service provider must develop a respite or community access plan for the adult.

Gathering information for the plan

Under the Act, the relevant service provider is responsible for gathering relevant information about the adult for identifying:

- The adult's needs
- The behaviour of the adult that causes harm to the adult or others, including consequences of the behaviour

- The factors contributing to the behaviour that causes harm to the adult or others.

Other relevant information may include:

- If currently used, the nature of the restrictive practice
- The nature of the adult's disability.

Development of a respite and community access plan

Under the Act, when developing a respite or community access plan, the relevant service provider must consult and consider the views of:

- the adult
- the adult's guardian or informal decision-maker
- any other relevant service providers
- any other person the relevant service provider considers to be integral to the decision (for example, a family member, advocate or key health care provider).

Where chemical restraint is also proposed, the adult's treating doctor (the doctor prescribing the medication to be used) should also be consulted, where possible.

If the relevant service provider is aware that the adult is subject to a forensic order or involuntary treatment order for the adult made under the *Mental Health Act 2000*, the relevant service provider should consult with, and consider the views of, the authorised psychiatrist for the adult under the *Mental Health Act 2000* or senior practitioner for the adult under the *Forensic Disability Act 2011*. If requested, the relevant service provider should provide the Director of Mental Health or Director of Forensic Disability with a copy of the respite or community access plan.

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

Minimum requirements for a respite or community access plan

It is important to note that the overall aim of the respite or community access plan must be to reduce and, wherever possible, eliminate the use of restrictive practices.

The *Disability Services Act 2006* sets out the minimum requirements for a respite or community access plan. These are:

- The name of the adult
- A description of the behaviour that causes harm to the adult or other (the intensity, frequency and duration of behaviour) and consequences (for example, adult has harmed someone else)
- A description of the reasons for using the restrictive practices
- A description of the restrictive practice being used
- Any strategies that must be attempted before using the restrictive practice
- Procedures for using the restrictive practice, including observation and monitoring measures to ensure the adult's proper treatment and care while the restrictive practice is being used

- Demonstration of why it is the least restrictive way of ensuring the adult's safety
- A description of the positive strategies to meet the adult's needs and improve their quality of life, and reduce their behaviour that causes harm (including community access arrangements).

The strategies developed should be able to be implemented within existing resources.

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

- For containment: description of the place where the adult will be contained
- For seclusion: description of the place where the adult will be secluded and the maximum period they can be secluded at any one time, and the maximum frequency
- For chemical restraint: the name of the adult's treating doctor, the name of the medication to be used, and any available information about possible side effects; dose, route and frequency of administration, as prescribed by the doctor; and, if it is chemical restraint pro re nata (PRN) medication, the circumstances in which the medication may be administered, as prescribed by the doctor
- For mechanical or physical restraint: the maximum period for which the restraint may be used at any one time.

While it is not a requirement under the *Disability Services Act 2006*, it is recommended the plan should also include the intervals at which the use of the restrictive practice will be reviewed by the relevant service provider.

The strategies included in the respite or community access plan should take into account the adult's communication needs, social, linguistic 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 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.

Step 6: Consent

Who consents to the restrictive practice depends on the type of restrictive practice proposed, as illustrated in Table 1.

Table 1: Restrictive practice consent pathways

	Containment/ seclusion	**Physical restraint/ mechanical restraint/ chemical restraint**	**Restricted access (to objects) only**	**Combination of restrictive practices**
Consenting Party	Guardian for a restrictive practice (respite) matter	Mechanical or physical restraint: Guardian for a restrictive practice (respite) matter, or Informal decision-maker Chemical restraint (*excluding* chemical restraint [fixed dose] in respite only): Guardian for restrictive practice (respite) matter Chemical restraint (fixed dose) in respite only Guardian for a restrictive practice (respite) matter, or informal decision-maker	Guardian for a restrictive practice (respite) matter, or Informal decision- maker	Where containment, seclusion or chemical restraint: Guardian for a restrictive practice (respite) matter Otherwise: Guardian for a restrictive practice (respite) matter, or Informal decision-maker

The relevant service provider must provide sufficient information to the relevant decision-maker to facilitate the consent of the guardian for restrictive practice (respite) matter or the informal decision- maker. The relevant service provider must also provide the respite or community access plan to the relevant decision-maker for all restrictive practices except for chemical restraint (fixed dose) in respite only. Refer to steps 3, 4 and 5 of this procedure to identify the required information.

The information will enable the relevant decision-maker to determine if:

- There is a reasonable likelihood that, if the consent is not given, the adult's behaviour will cause harm to the adult or others
- The relevant service provider has complied with the requirements under the Act to conduct a risk assessment and develop a respite or community access plan
- If the respite or community access plan is implemented:
    - the risk of the adult's behaviour causing harm will be reduced or eliminated
    - the adult's quality of life will be improved in the long term
    - the restrictive practice is the least restrictive way of ensuring the safety of the adult or others, and
- The observations and monitoring provided for under the respite or community access plan are appropriate.

Where the relevant decision-maker requests further information, or does not approve or consent to the practice, the relevant service provider should:

- Provide any further information requested, including further analysis
- Resubmit the respite or community access plan with any alterations that were requested

- Engage with the relevant decision-maker to discuss the means by which some accommodation can be reached in order to continue supporting the adult appropriately and safely.

Notification

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), and
- Notify the Chief Executive of the Department of Communities, Child Safety and Disability Services or a delegate.

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 containment or seclusion, 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 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 containment or seclusion, chemical, mechanical or physical restraint, or restricting access (to objects) at a service outlet
- There is 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.

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.

Step 7: Implementation

Responsibility for implementation

The relevant service provider is responsible for ensuring the appropriate implementation of the respite or community access plan.

For containment or seclusion: Under the *Disability Services Act 2006*, the relevant service provider may contain or seclude an adult with an intellectual or cognitive disability during the course of providing respite or community access services 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 relevant service provider complies with the requirement under the Act to develop a respite or community access plan and conduct a risk assessment
- The use of containment or seclusion complies with the consent of the guardian for a restrictive practice (respite) matter and the respite or community access plan for the adult — this includes carrying out 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
- When using containment or seclusion, they ensure the adult's basic needs are met.

For other restrictive practices: Under the *Disability Services Act 2006*, a relevant service provider may use chemical, mechanical or physical restraint, or restrict access (to objects) of an adult with intellectual or cognitive disability in the course of providing respite or community access services to the adult if:

- The restrictive practice 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 relevant service provider complies with the requirement under the *Disability Services Act 2006* to develop a respite or community access plan and conduct a risk assessment
- The use of the restrictive practice complies with the consent of the relevant decision-maker and the respite or community access plan for the adult — this includes carrying out 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) under the *Disability Services Act 2006*, the relevant service provider must ensure there are procedures that minimise the impact of the restrictive practice 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 with behaviour that causes harm, where restrictive practices may be used at times. The use of casual staff in these circumstances may require arrangements for the provision of the appropriate skills and knowledge.

The relevant service provider should ensure:

- All relevant staff are made available for training or coaching
- All interventions, as outlined in the respite or community access plan, are implemented according to the specific instructions detailed in the plan
- The positive strategies outlined in the plan are followed
- Records are kept of the application of the positive strategies outlined in the plans
- Records are kept of each use of a restrictive practice, and
- Monitoring activities are followed and input sought from other relevant stakeholders (including the assessment/plan provider) as appropriate.

Step 8: Monitoring

The relevant service provider must ensure that the observations and monitoring provided for under the respite or community access plan are carried out as outlined in the plan.

The relevant service provider should provide staff with the appropriate tools to monitor:

- The implementation of the positive elements of the respite or community access plan
- The use of each restrictive practice, and
- The effectiveness of each restrictive practice in reducing harm.

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

- Used to provide feedback to staff on the implementation of the respite or community access plan
- Used to promote reviews of the implementation of the positive respite or community access plan
- Used to identify possible changes in the respite or community access plan.

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

Step 9: Review of respite or community access plan

Review intervals

Note: The information below about review intervals is not a requirement of the Disability Services Act 2006, but is recommended as good practice.

It is recommended that the relevant service provider regularly review the use of the restrictive practice in the respite or community access plan. If there is a guardian for restrictive practice (respite) matters, a review should occur at least once every two years. If there is an informal decision-maker, a review should occur at least once every 12 months.

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

Review by the Queensland Civil and Administrative Tribunal

In addition to the reviews by the relevant service provider, QCAT may also review the use of a restrictive practice in accordance with the respite or community access plan. Under the Act, this will always occur where QCAT has appointed a guardian for a restrictive practice (respite) matter. This review will happen at least every two years.

Also, at any time during the period of 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 Public Guardian, or
- The Director of Mental Health (if the adult is subject to forensic order or involuntary treatment order made under the *Mental Health Act 2000*).

Review responsibilities

It is recommended that, during the review, the relevant service provider ensures that the information gathered:

- Determines whether the hypotheses underpinning the behaviour support plan continue to be valid
- Establishes whether the restrictive practice is achieving the goal of reducing the risk of harm associated with the behaviours, and
- Determines whether the strategies are proving effective in reducing the use of the restrictive practices and that other stakeholders are involved as appropriate.

Where a guardian for a restrictive practice (respite) matter has consented to the respite or community access plan, the relevant service provider is responsible for initiating an application for a review with QCAT.

The relevant service provider should provide sufficient information for QCAT to review the restrictive practice in accordance with the respite or community access plan.

This should include, but may not be limited to:

- The risk assessment
- The respite or community access plan, and
- Recommendations regarding alterations to the plan, ongoing implementation or cessation.

Step 10: Changes to the respite or community access plan following implementation

Reasons for changing a respite or community access plan

After consent from the relevant decision-maker, changes may be required to the respite or community access plan because of a range of factors including:

- A change in the relevant service provider
- Changes in the adult's behaviour that causes harm
- A forensic order or involuntary treatment order 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 or other party such as the treating doctor. A change to a plan can also arise at a review.

Process for changing a respite or community access plan

The relevant service provider is responsible for coordinating the process for making a change to the respite or community access plan by following the information gathering, risk analysis, plan development and consent processes outlined in steps 3 to 7 of this procedure.

A change to a respite or community access plan must not be acted on until appropriate consent to the change has been obtained:

- The guardian for a restrictive practice (respite) matter must consent to any change to the respite or community access plan (where a guardian for restrictive practice [respite] matter has consented to the restrictive practice)
- The informal decision-maker must consent to any change to the respite or community access plan (where an informal decision-maker has consented to the restrictive practice).

Special provisions for chemical restraint (fixed dose) for respite services

The *Disability Services Act 2006* makes special provision for the use of chemical restraint (fixed dose) in a respite setting only.

For the use of chemical restraint (fixed dose) for respite services, the relevant service provider may use chemical restraint (fixed dose) in the course of providing the respite service if:

- The use of chemical restraint complies with the consent of an informal decision-maker for the adult, and
- The service provider keeps and implements a policy (and procedures) about the use of chemical restraint (fixed dose) which is consistent with the policy and this procedure of the Department of Communities, Child Safety and Disability Services.

The exception does not apply to the use of chemical restraint (fixed dose) or pro re nata (PRN) in a community access setting, nor to the use of chemical restraint (prescribed as PRN) in a respite service.

Note: The reason for this special provision is to allow for the continued use of chemical restraint (fixed dose) in a respite setting, which has already been prescribed by a doctor; and where, often, the service provider is not in a position to know if the medication is being used primarily for behaviour control.

The service provider who provides occasional respite is not in a position to try to influence the longer term management of behaviour for that adult and to determine the least restrictive option. Adults receiving respite usually do so for short periods only, and it would be impracticable to require a service provider to assess and develop a plan for an adult who they only see occasionally.

Records

Under the *Disability Services Act 2006*, the relevant service provider must:

- Keep at the premises where disability services are provided to the adult a copy of the respite or community access plan for the adult, and any short-term approval for the adult, and
- Keep at the premises where the restrictive practice is being used an up-to-date policy on the use of restrictive practices and ensure the policy is available for inspection by:
    - staff of the relevant service provider
    - guardians, informal decision-maker or advocates for the adult, and
    - a community visitor under the *Guardianship and Administration Act 2000*.

Sharing information and confidentiality

The *Disability Services Act 2006* 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 Health where the information is relevant to:

- The assessment of the adult, including the making of a decision about whether to assess
- The development of a respite or community access service plan for the adult.

Under the *Disability Services Act 2006,* the health professional or Chief Executive 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 *Disability Services Act 2006*, they must not disclose confidential information unless it is in accordance with what is allowed under the Act (Section 198). 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 information to anyone other than as allowed under the Act.*

Records File No.:	
Date of approval:	30 June 2014
Date of operation:	1 July 2014
Date to be reviewed:	1 July 2017

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