

Restrictive Practices Short Term Approval

For a Service Provider applying for a Short Term Approval from the Public Guardian pursuant to section 80ZH of the Guardianship and Administration Act 2000 to use containment and/or seclusion and other restrictive practices with an adult.

Please Confirm the Following:

The relevant service provider is seeking approval for the use of:

- Containment Seclusion Chemical restraint (fixed dose) Chemical restraint (PRN)
 Physical restraint Mechanical restraint Restricted access to objects

Please note that if the relevant service provider does not intend to contain and or seclude the adult, the Public Guardian cannot consider this request, and an application should be made to the Department of Communities, Child Safety and Disability Services.

- There is no approval from QCAT in relation to containment or seclusion for this adult in place (s80ZH(1)(a) *Guardianship and Administration Act 2000*)
- There is no guardian for restrictive practices (respite) matters for this adult and you are not proposing to contain or seclude the adult in the course of providing respite services or community access to the adult. (s80ZH(1)(b) *Guardianship and Administration Act 2000*)

Are you seeking approval for restrictive practices in addition to containment and/or seclusion: Yes No

If Yes, Is there a guardian for Restrictive Practices (General): Yes No

If Yes, has the guardian for restrictive practices (general), either consented to, or refused to consent to, the use of other restrictive practices (s80ZK(3) *Guardianship and Administration Act 2000*):

- Yes (*if yes, please provide details*) No

Details:

Note: If the guardian for restrictive practices (general) has either consented to, or refused to consent to the use of other restrictive practices, the Public Guardian cannot provide a Short Term Approval for these restrictive practices.

Is there a Short Term Approval (Department of Communities Child Safety Disability Services) (DCCSDS) in effect for the adult: Yes (*please attach a copy of the Short Term Approval (DCCSDS)*) No

Have Clinical Services (DCCSDS) been notified of the use of restrictive practices: Yes No

If Yes, please provide the following:

Name of Representative:

Role:

Phone Number:

Date Notified:

1. ADULTS DETAILS	
Name:	<input type="text"/> Date of Birth: <input type="text"/>
Gender:	<input type="text"/>
Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Diagnoses:	<input type="text"/>
<p>Capacity: (s80ZH(2)(a) Guardianship and Administration Act 2000)</p> <p><i>Schedule 4 of the Guardianship and Administration Act 2000 defines a person having capacity if they are capable of understanding the nature and effect of decisions about the matter; and can freely and voluntarily make decisions about the matter; and can communicate the decisions in some way.</i></p>	<p><i>Please provide all available information and documentation that indicates that the adult has impaired capacity for making decisions about the use of restrictive practices in relation to the adult:</i></p>
Communication:	<p><i>Please provide details of how the adult communicates their views and wishes. Please also include information on what communication assessments have been undertaken, and, if necessary, what mechanisms are in place to ensure that staff can communicate effectively with the adult:</i></p>



<p>Has the Adult been consulted regarding Restrictive Practices?</p> <p>s80ZH(3)(a) <i>Guardianship and Administration Act 2000</i></p>	<p><input type="checkbox"/> Yes <i>Please provide the adult's views on the use of the proposed restrictive practices, and information on when and how those views were obtained. Please include whether this application reflects the views of the adult and how any concerns by the adult to the proposed restrictive practices was responded to</i></p> <p><input type="checkbox"/> No <i>Please provide details of why the adult has not been consulted and what you believe the adult's views would be on the use of the proposed restrictive practices, should they be able to provide them.</i></p>
<p>Is It appropriate for the Public Guardian to consult with the adult?</p> <p>s80ZH(3)(a) <i>Guardianship and Administration Act 2000</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Yes, with assistance <input type="checkbox"/> No</p> <p><i>Please provide details of how best the Public Guardian can consult with the adult about the proposed use of restrictive practices, or why the adult cannot be consulted.</i></p>
<p>Is the adult an involuntary mental health patient or subject to a forensic order</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Treatment authority</p> <p><input type="checkbox"/> Forensic Order Disability</p> <p><input type="checkbox"/> Forensic Order Mental Health</p> <p><i>Please attach a copy of the Limited Community Treatment to this Application.</i></p>
<p>If the adult is an involuntary mental health patient or subject to a forensic order - Authorised Psychiatrist/ Senior Practitioner</p> <p>s80ZH(3)(c) & (d) <i>Guardianship and Administration Act 2000</i></p>	<p>Name:</p> <p>Facility:</p> <p>Phone Number:</p> <p>Last Consultation:</p> <p>Please provide views regarding use of Restrictive Practices:</p>



Does that adult have a skills deficit as defined in s217 of the <i>Disability Services Act 2006</i>?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details including assessments undertaken and dates of those assessments that confirm that the adult has a skills deficit as defined in s217 of the Disability Services Act 2006:</i>
---	--

2. Details of Guardian	
Is there a guardian appointed for Restrictive Practice matters?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> General Date Appointed: <input type="checkbox"/> Respite Date Appointed:
Is there a guardian appointed for General Guardianship matters?	<input type="checkbox"/> No <input type="checkbox"/> Yes Date Appointed: <i>Please specify areas of appointment:</i> <input type="checkbox"/> Accommodation <input type="checkbox"/> Service Provision <input type="checkbox"/> Health Care <input type="checkbox"/> All Personal Matters <input type="checkbox"/> other- <i>Please specify area of appointment:</i>
If yes, Contact details of Guardian: <i>Please complete only if guardian is not the Public Guardian</i>	Name: Address: Phone Number:
Views of Guardian (if appointed) regarding the use of Restrictive Practices: <i>s80ZH(3)(b) Guardianship and Administration Act 2000</i>	



3. Details of informal decision makers/advocates/other relevant stakeholders s80ZH(3)(b)

Guardianship and Administration Act 2000

Person One

Name:

Relationship:

Address:

Phone Number:

Have they been consulted about the use of Restrictive Practices:

Yes No *If yes, please provide views. If no, please identify why?*

Person Two

Name:

Relationship:

Address:

Phone Number:

Have they been consulted about the use of Restrictive Practices:

Yes No *If yes, please provide views. If no, please identify why?*

Person Three

Name:

Relationship:

Address:

Phone Number:

Have they been consulted about the use of Restrictive Practices:

Yes No *If yes, please provide views. If no, please identify why?*

4. SERVICE PROVIDER DETAILS	
Primary Service Name:	<i>If length of time supporting the adult is less than 12 months, please include information regarding previous service provider/s</i>
Support Provided:	<input type="checkbox"/> Accommodation Support <input type="checkbox"/> Community Access <input type="checkbox"/> Other <i>Please provide details of support arrangement, including ratio of support staff to clients, hours of accommodation support provided per day, hours of community access provided per week, details of the community access provided, length of time supporting the adult:</i>
Contact Person:	Name: Position: Phone: Email:
Secondary Service Name:	
Support Provided:	<input type="checkbox"/> Accommodation Support <input type="checkbox"/> Community Access <input type="checkbox"/> Other <i>Please provide details of support arrangement, including ratio of support staff to clients, hours of accommodation support provided per day, hours of community access provided per week, details of the community access provided, length of time supporting the adult:</i>



	<p>Is the secondary service proposing to use restrictive practices: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details below. I.e., is the secondary service proposing to use some/all of the proposed restrictive practices?</p>
<p>Contact Person:</p>	<p>Name and position:</p> <p>Phone:</p> <p>Email:</p>
<p>Period of approval being sought:</p> <p>80ZH(6) Guardianship and Administration Act 2000</p>	<p><i>The Public Guardian may give a Short Term Approval for up to 6 months. Please provide details of the length of time the approval is being sought for:</i></p>

<p>5. DETAILS OF BEHAVIOURS OF HARM TO SELF OR OTHERS (s144 of the Disability Services Act 2006 defines harm to a person as meaning physical harm to the person; or a serious risk of physical harm to the person; or damage to property involving a serious risk of physical harm to the person).</p>	
<p>Description of behaviours that cause harm:</p>	<p><i>Please also attach all recent behavioural data recording documentation (this may include incident reports, behaviour recording sheets etc.):</i></p>
<p>Description of any identified triggers that may lead to behaviours that cause harm to the adult or others:</p>	<p><i>Please include all relevant historical information and/or details of what efforts have been made to obtain relevant historical information that relates to identified triggers:</i></p>
<p>Provide information regarding the intensity, frequency and duration of behaviours:</p>	



<p>Description of how the behaviour has previously resulted in harm to the adult or others:</p> <p><i>s80ZH(2)(b) Guardianship and Administration Act 2000</i></p>	
<p>Provide details of what the immediate and serious risk is, that if the approval is not given, the adult's behaviours will cause harm to the adult or others:</p> <p><i>s153(1)(a) Disability Services Act 2006 and (s80ZH(2)(c) Guardianship and Administration Act 2000</i></p>	
<p>Demonstrate why the use of containment and/or seclusion is necessary to prevent the adult's behaviour causing harm to the adult or others:</p> <p><i>s153(1)(b) Disability Services Act 2006</i></p>	
<p>Details of what strategies, other than restrictive practices, that are currently used to manage behaviours of harm, and details of the effectiveness of these strategies:</p>	



6. DETAILS OF PREVIOUSLY APPROVED RESTRICTIVE PRACTICES

Provide details of previously used restrictive practices, including restrictive practices used by previous service providers. Please also include details of previous approvals for the use of restrictive practices including dates:

7. DETAILS OF RESTRICTIVE PRACTICES

Approval being sought:

Containment:

Please provide details of the following:

1. Maximum duration of containment per use, and maximum uses per 24 hours, and if a minimum interval in between each use is being proposed, the length of that interval:
2. What steps will be taken, including details of positive strategies and/or other restrictive practices, prior to implementing containment:
3. Details of the procedure for containment, including how and when the adult will be informed that containment has been enacted/ceased:
4. Please provide details of what monitoring and supervision will be in place whilst the adult is contained:
5. Please provide details of why the use of containment is the least restrictive way of ensuring the safety of the adult and/or others (s153(1)(c) *Disability Services Act 2006* and s80ZH(2)(d) *Guardianship and Administration Act 2000*):

6. Provide details of how the adult will have access to sufficient bedding and clothing; sufficient food and drink; access to adequate heating and cooling; access to toilet facilities and the adult's medication as prescribed by a doctor during the use of containment (s165 *Disability Services Act* 2006):

Note: Please attach to this application a copy of the floor plan/layout of the adult's home which clearly indicates the proposed areas the adult will be contained in.

Seclusion

Please provide details of the following:

1. Maximum duration of seclusion per use and maximum uses per 24 hours, and if a minimum interval in between each use is being proposed, the length of that interval:
2. Details of what observations and monitoring that will be in place, including details of the timeframes that seclusion will be reviewed, during the period of time that seclusion is being used:
3. What steps support staff will take, including details of positive strategies and other restrictive practices, prior to implementing seclusion:
4. Details of the procedure for seclusion:

5. Provide details of how the adult will have access to sufficient bedding and clothing; sufficient food and drink; access to adequate heating and cooling; access to toilet facilities and the adult's medication as prescribed by a doctor during the use of seclusion (s165 *Disability Services Act 2006*):

6. Please provide details of why the use of seclusion is the least restrictive way in of ensuring the safety of the adult and/or others (s153(1)(c) *Disability Services Act 2006* and s80ZH(2)(d) *Guardianship and Administration Act 2000*):

Note: Please attach to this application a copy of the floor plan of the adult's that clearly identifies where it is being proposed that the adult will be secluded, and where support staff will be during seclusion

Mechanical Restraint

Please provided details of the following:

1. Details of why the use of mechanical restraint is necessary to prevent the adult's behaviour causing harm to the adult or others:

2. Description of the mechanical restraint:

3. Maximum timeframe that the mechanical restraint will be used per use, and if a minimum interval in between each use is being proposed, the length of that interval:

4. The procedure for mechanical restraint:

5. What steps will be taken, including details of positive strategies and other restrictive practices, prior to implementing mechanical restraint:

6. Please provide details of why the use of mechanical restraint is the least restrictive way of ensuring the safety of the adult and/or others (s80ZK and s80ZH(2)(d) *Guardianship and Administration Act 2000*):

Note: Please attach to this application a pictorial diagram of the proposed mechanical restraint/s

Physical Restraint

Please provided details of the following:

1. Details of why the use of physical restraint is necessary to prevent the adult's behaviour causing harm to the adult or others:

2. Description of the physical restraint:

3. Maximum timeframe that physical restraint can be applied per use:

4. The procedure for physical restraint:

5. What steps will be taken, including details of positive strategies and other restrictive practices, prior to implementing physical restraint:

6. Please provide details of why the use of physical restraint is the least restrictive way of ensuring the safety of the adult and/or others (s80ZK and s80ZH(2)(d) *Guardianship and Administration Act 2000*):

7. How and when support staff have been trained in the use of the physical restraint techniques:

Note: Please attach to this application a copy of any physical restraint protocols in place and/or diagrams of the physical restraint techniques

Chemical Restraint (fixed dose)

Please provided details of the following:

1. Details of treating doctor:
 - a) Name:
 - b) Profession:
 - c) Contact number:
 - d) Date of last consultation:
2. The views of the treating doctor regarding the use of chemical restraint (fixed dose) (s80ZK(2) *Guardianship and Administration Act 2000*):

3. Details of medication/s:

a) Name:

- i. Strength:
- ii. Route:
- iii. Dose:
- iv. Frequency:
- v. Maximum dose per 24 hours:

b) Name:

- i. Strength:
- ii. Route:
- iii. Dose:
- iv. Frequency:
- v. Maximum dose per 24 hours:

c) Name:

- i. Strength:
- ii. Route:
- iii. Dose:
- iv. Frequency:
- v. Maximum dose per 24 hours:

4. Details of why the use of Chemical Restraint (fixed dose) is the least restrictive way of ensuring the safety of the adult and/or others (s80ZK and s80ZH(2)(d) *Guardianship and Administration Act 2000*):

5. Details of why the use of chemical restraint (fixed dose) is necessary to prevent the adult's behaviour causing harm to the adult or others:

Note: Medication must have been reviewed in the last 12 months. Please attach a 'Clarification of Purpose of Medication' form to this application.

Chemical Restraint (PRN)

Please provide details of the following:

1. Details of treating doctor:
 - a) Name:
 - b) Profession:
 - c) Contact number:
 - d) Date of last consultation:
2. The views of the treating doctor regarding the use of chemical restraint (fixed dose) (s80ZK(2) *Guardianship and Administration Act 2000*):

3. Details of medication/s:
 - a) Name:
 - i. Strength:
 - ii. Route:
 - iii. Dose:
 - iv. Frequency:
 - v. Maximum dose per 24 hours:
 - vi. Timeframes between each administration:
 - vii. Circumstances in which PRN medication may be administered:

 - b) Name:
 - i. Strength:
 - ii. Route:
 - iii. Dose:
 - iv. Frequency:
 - v. Maximum dose per 24 hours:
 - vi. Timeframes between each administration:
 - vii. Circumstances in which PRN medication may be administered:

4. What steps will be taken, including details of positive strategies and other restrictive practices, prior to implementing chemical restraint (PRN):

5. Details of the procedure of administering PRN medication:

6. Details of why the use of chemical restraint is the least restrictive way of ensuring the safety of the adult and/or others (s80ZK and s80ZH(2)(d) *Guardianship and Administration Act 2000*) :

7. Details of why the use of chemical restraint (PRN) is necessary to prevent the adult's behaviour causing harm to the adult or others:

Note: Medication must have been reviewed in the last 12 months. Please attach a 'Clarification of Purpose of Medication' form to this application.

Note: Please attach a copy of the PRN protocol, signed by the treating doctor, for each PRN medication.

Restricted access to objects

Please provide details of the following:

1. Details of why the use of restricted access to objects is necessary to prevent the adult's behaviour causing harm to the adult or others:

2. A list of the item/s that it is proposed the adult will be restricted from:

3. The procedure for restricted access to objects:

4. What steps support staff will take, including details of positive strategies and other restrictive practices, prior to implementing restricted access to objects:

5. Details of why the use of restricted access to objects is the least restrictive way ensuring the safety of the adult and/or others (s80ZK and s80ZH(2)(d) *Guardianship and Administration Act 2000*):

Decision Making Process

Once you have submitted a Short Term Approval (STA) application, an acknowledgement of receipt of the application will be emailed to you.

You will be contacted by a delegate guardian who will process your application. The delegate guardian may ask you further questions regarding information contained in the application, and may request further documentation to progress your application to gain approval for the use of containment and/or seclusion and other restrictive practices.

The delegate guardian will inform you when the application is being progressed to the delegated decision maker for consideration.

You will receive a notice of decision via email. This document will outline the approval that has/has not been provided by the Public Guardian. If approval has been provided, there may be conditions attached. Please read this document carefully. If you have any questions or concerns regarding the decision, please contact the delegate guardian you have been liaising with during the process. The delegate guardian will discuss your questions and concerns with you and provide you with information regarding options to address these.

If, during this process, you continue to have questions or concerns, please ask to speak to either the Team Leader or the Regional Manager of the Positive Behaviour Support Team.

The Public Guardian may amend approvals to the use of restrictive practices if provided with relevant evidence that supports the amendment. If, at any time during the approval period, you wish to seek an

amendment to the approval (for example, current behaviours change, or new behaviours emerge), please contact the delegate guardian you initially liaised with.

Please note that the period of time the approval has been made for cannot be extended, and pursuant to section 80ZH(4) of the Guardianship and Administration Act 2000, any application to the Public Guardian seeking an extension of the approval period will be considered as an application for a STA - Exceptional Circumstances (EC). Please note that the Public Guardian considers that an STA – EC requires a very high threshold of evidence to be satisfied that exceptional circumstances exist.

The Public Guardian expects that an application will be made to the Queensland Civil and Administrative Tribunal (QCAT) for a containment and/or seclusion and other restrictive practices hearing as soon as practicable after applying to the Public Guardian for an STA. The Public Guardian expects that arrangements to have the adult assessed are being progressed at the same time as applying to the Public Guardian for an STA and a positive behaviour support plan will be developed for the adult immediately upon completion of the adult's assessment.

Pursuant to section 80ZH(7) of the Guardianship and Administration Act 2000, the relevant service provider may apply to QCAT in relation to a decision of the Public Guardian to give, or refuse to give the approval, and QCAT may make the order it considers appropriate.