# OPG Short Term Approval (containment and/or seclusion)

## 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.

## 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.

You will receive a notice of decision via email which will detail the decision and any conditions that may be placed on an approval. Please read this information 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 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.

Please note that all relevant sections of this form must be completed. Please do not refer to attached documents. Failure to complete this form correctly may impact on the processing time. Please contact [OPG-PBS@publicguardian.qld.gov.au](mailto:OPG-PBS@publicguardian.qld.gov.au) for further information.

|  |
| --- |
| **Date:** |
| **Name and role of person completing form:** |
| **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 Chief Executive (Disability Services). Please note the relevant definitions of restrictive practices can be found in s144 of the Disability Services Act 2006*.  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*)  Is there a Short Term Approval from the Chief Executive (Disability Services) in effect for the adult:  Yes *(please attach a copy of the Short Term Approval Decision Notice)*   No |

|  |  |  |  |
| --- | --- | --- | --- |
| **1. ADULT’S DETAILS** | | | |
| **Name:** |  | **Date of Birth:** |  |
| **Gender:** |  | | |
| **Address:** |  | | |
| **Phone Number:** |  | | |
| **Diagnoses:** | **\*please provide dates of diagnoses if known** | | |
| **Capacity:** (s80ZH(2)(a) *Guardianship and Administration Act 2000*)  *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.* | *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:* | | |
| **Communication:** | *Please provide details of how the adult communicates their views and wishes and what mechanisms are in place to ensure that staff can communicate effectively with the adult:* | | |

|  |  |
| --- | --- |
| **Has the adult been consulted regarding restrictive practices?**  s80ZH(3)(a) *Guardianship and Administration Act 2000* | Yes *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*  No *Please provide details of why the adult has not been consulted.* |
| **Is It appropriate for the Public Guardian to consult with the adult?**  s80ZH(3)(a) *Guardianship and Administration Act 2000* | Yes  Yes, with assistance  No  *Please provide details, including contact details of how best the Public Guardian can consult with the adult about the proposed use of restrictive practices* |
| **Is the adult an involuntary mental health patient or subject to a forensic order?**  s80ZH(3)(c) & (d) *Guardianship and Administration Act 2000* | No  Treatment authority  Forensic Order Disability  Forensic Order Mental Health  *Please provide the views of the treating psychiatrist about this application and use of restrictive practices.* |
| **Does that adult have a skills deficit as defined in s217 of the *Disability Services Act 2006* and are they subject to locked gates doors and windows?** | Yes  No  *If yes, please provide details of how locked gates doors and windows is implemented. Please advise what assessments have been 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:* |

|  |  |  |
| --- | --- | --- |
| **2. Details of Guardian** | | |
| **Is there a guardian appointed for restrictive practice matters?** | | No  Yes  General  Respite  *If yes, has the guardian made a decision in relation to restrictive practices? If so, please provide details of this decision.* |
|  | |  |
| **3. Details of guardian/informal decision makers/advocates/other relevant stakeholders**  s80ZH(3)(b) *Guardianship and Administration Act 2000* | | |
| **Person One** | Name:       Relationship:      Preferred contact details:  Have they been consulted about this application?  Yes  No *If yes, please provide views. If no, please identify why.* | |
| **Person Two** | Name:       Relationship:  Preferred contact details:  Have they been consulted about this application?  Yes  No *If yes, please provide views. If no, please identify why.* | |
| **Person Three** | Name:       Relationship:  Preferred contact details:  Have they been consulted about this application?  Yes  No *If yes, please provide views. If no, please identify why.* | |

|  |  |
| --- | --- |
| **4. SERVICE PROVIDER DETAILS** | |
| **Primary Service Name:** |  |
| **Support Provided:** | Accommodation Support  Community Access  Other  *Please provide* ***all 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:* |
| **Contact Person:** | **Name:**  **Position:**  **Phone:**        **Email:** |
| **Secondary Service Name:** |  |
| **Support Provided:** | Accommodation Support  Community Access  Other  *Please provide* ***all 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:*    Is the secondary service proposing to use restrictive practices? Yes  No  *If yes, please provide details below. I.e., is the secondary service proposing to use some/all of the proposed restrictive practices?* |
| **Contact Person:** | **Name and position:**  **Phone:**        **Email:** |
| **Period of approval being sought:**  80ZH(6) *Guardianship and Administration Act 2000* | *The Public Guardian may give a Short Term Approval for up to 6 months with appropriate justification.*  Length of time being requested:  Justification for length requested: |

|  |  |
| --- | --- |
| **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).* | |
| **Description of behaviours that cause harm:** | Description of behaviours that cause harm:  Please summarise the data to evidence that the adult has engaged in behaviours that cause harm to themselves or others, for example, the intensity, frequency and duration of behaviours:  *Please also attach all recent behavioural data recording documentation (this may include incident reports, behaviour recording sheets etc.)* |

|  |  |
| --- | --- |
| **Description of how the behaviour has previously resulted in harm to the adult and/or others:**  s80ZH(2)(b) *Guardianship and Administration Act 2000* |  |
| **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 and/or others:**  s153(1)(a) *Disability Services Act 2006* and (s80ZH(2)(c) *Guardianship and Administration Act 2000* |  |
| **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:** |  |

|  |  |
| --- | --- |
| **6. DETAILS OF PREVIOUSLY APPROVED RESTRICTIVE PRACTICES** | |
| **Provide details of previously used restrictive practices, including restrictive practices used by previous service providers.** |  |

|  |  |
| --- | --- |
| **7. DETAILS OF RESTRICTIVE PRACTICES** | |
| **Approval being sought:** | Containment:  *Please provide details of the following:*   1. Maximum duration of containment per use in a 24 hour period:      1. Details of the procedure for containment, including how and when the adult will be informed that containment has been enacted/ceased:      1. Please provide details of what monitoring and supervision will be in place whilst the adult is contained:      1. 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*):      1. Will the adult have access to all of the following - 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:      1. 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:      1. Details of the procedure for seclusion:      1. Will the adult have access to all of the following - 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):      1. 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 provide details of the following:*   1. Description of the mechanical restraint:      1. 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:      1. The procedure for mechanical restraint:      1. 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 provide details of the following:*   1. Description of the physical restraint:      1. Maximum timeframe that physical restraint can be applied per use:      1. The procedure for physical restraint:      1. 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)*:     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 provide details of the following:*   1. Details of treating doctor:    1. Name:    2. Contact number:    3. Date of last review: 2. The views of the treating doctor regarding the use of chemical restraint (fixed dose) (s80ZK(2) *Guardianship and Administration Act 2000*):      1. Details of medication/s: 2. Name:    * 1. Route:      2. Dose:      3. Frequency:      4. Maximum dose per 24 hours: 3. Name:    * 1. Route:      2. Dose:      3. Frequency:      4. Maximum dose per 24 hours: 4. Name:    * 1. Route:      2. Dose:      3. Frequency:      4. Maximum dose per 24 hours: 5. 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):*     **Please attach a ‘Clarification of Purpose of Medication’ form, or other documentation to evidence the dose route and frequency of the medication to this application.** |
|  | Chemical Restraint (PRN)  *Please provided details of the following:*   1. Details of treating doctor: 2. Name: 3. Contact number: 4. Date of last review: 5. The views of the treating doctor regarding the use of chemical restraint (fixed dose) (s80ZK(2) *Guardianship and Administration Act 2000*):      1. Details of medication/s: 2. Name:    * 1. Route:      2. Dose:      3. Frequency:      4. Maximum dose per 24 hours:      5. Timeframes between each administration:      6. Circumstances in which PRN medication may be administered:      1. Name:    * 1. Route:      2. Dose:      3. Frequency:      4. Maximum dose per 24 hours:      5. Timeframes between each administration:      6. Circumstances in which PRN medication may be administered:      1. Details of the procedure of administering PRN medication:      1. 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) :*     **Please attach a ‘Clarification of Purpose of Medication’ form, or other documentation to evidence the dose route and frequency of the medication 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. A list of the item/s that it is proposed the adult will be restricted from:      1. The procedure for restricted access to objects including the maximum time per use:      1. 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*): |