NSW Restrictive Practices Authorisation (RPA) News

RPA Newsletter - February 2021

In this Issue

Welcome to the February 2021 issue of the NSW RPA Newsletter. In this issue we will be discussing:

We encourage you to help spread the word and forward the monthly RPA Newsletter on to your colleagues. Help us keep the NSW sector informed about restrictive practice authorisation in NSW.

COVID - 19

The NDIS Quality and Safeguards Commission, NSW Government and Council for Intellectual Disability (CID) links below provide information, resources and advice on the management of COVID19 for service providers. The first link relates to behaviour support and restrictive practices:

New Resource

- Guidelines on the rights of people with disability in health and disability care during COVID-19
- For your information NSW Health has just launched it's new accessible resources on COVID-19
- Easy read version of What you must do under new Coronavirus rules
- Coronavirus (COVID-19): Behaviour support and restrictive practices
- Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities
- NDIS Commission coronavirus (COVID-19) information
- Help us save lives
- Staying safe from Coronavirus
- Service Providers

NSW RPA Webinars

DCJ are conducting two webinars in March 2021. One will focus on the end-to-end process of submitting and approving restrictive practices in the NSW RPA System. The other will focus on authorisation requirements.

Webinar 1 - RPA Requirements in NSW
Date: 4 March 2021
Time: 10:30 am – 12 noon

This session is recommended for anyone who is new to RPA in NSW or who would like a better understanding of the requirements for authorising a restrictive practice. Participants will have the opportunity to ask policy-related questions.
For Registration: Please register via this link.

Webinar 2 - End-to-end NSW RPA system demonstration
Date: 11 March 2021
Time: 10:30 am – 12 noon

This session is recommended for new users of the RPA System who have not attended previous information sessions. It will focus on how to submit and approve restrictive practices in the NSW RPA System. The webinar will also include an overview of roles and responsibilities according to the function (i.e. Behaviour Support Practitioner) and how key dashboard components can assist with the monitoring of practices.
For Registration: Please register via this link.

Let's Talk Quality

Now that the RPA System in NSW has been operating for over two years, the Central Restrictive Practices Team is implementing a number of quality assurance projects. The aim of these projects is to review the quality of RPA submissions, outcome summaries and the validity of restrictive practice authorisations provided by RPA Panels.

Early data indicates some work still needs to be done, particularly around consent and interim authorisations.

Our team have started to review all outcome summaries completed in the NSW RPA System from January 2021. Some of the common issues that have been identified are:

- The consent forms that are being uploaded to outcome summaries do not specify the restrictive practices which that consent is being provided for
- Guardianship orders are being uploaded as evidence of consent
- Consent is not being provided by the person with authority to consent in accordance with NSW RPA Policy requirements
- Interim authorisation is being sought for practices which exceeds the timeframe (6 months) following the first use of the practice

Following the review of the January 2021 outcome summaries a strategy will be developed to contact the relevant NDIS providers, to provide them with an opportunity to address the issues raised, and the NDIS Quality and Safeguards Commission to update them on the status of invalid authorisations.

As a reminder, the following links are useful for information on consent and its use in the RPA System:

- Section 4.4 of the RPA Policy sets out who can consent to different categories of restrictive practices; a summary of which can be found in Table 2 on page 11.
- Section 3.2 of the RPA Procedural guide provides information on what is required for providing valid consent
- video guide 15 provides an overview of including consent in the Outcome summary
- Appendix 3 of the user guide on Outcome summaries provides information on consent

Watch this space for more information and results.

Independent Specialist

DCJ Independent Specialist or Behaviour Support Practitioner

Service Providers and DCJ Independent Specialists must ensure that when a DCJ Independent Specialist is added to a RPA Panel, the DCJ Independent Specialist is added under the correct Panel Member Role. When adding a DCJ Independent Specialist, users must select the Panel Member Role 'DCJ Independent Specialist'. Users must not select 'Behaviour Support Practitioner' or any other category of Panel Member Role.

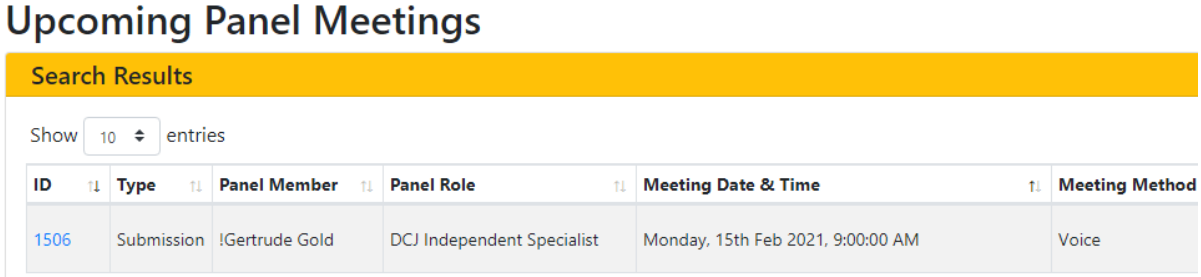
Many DCJ Independent Specialists are also registered in the NSW RPA System as Behaviour Support Practitioners in order to carry out other work. However, if a service provider assigns a DCJ Independent Specialist as a Behaviour Support Practitioner for the panel, and the Independent Specialist does not notice and raise this problem to be rectified before attending the panel, DCJ may not pay the DCJ Independent Specialist for this panel and the service provider may be liable to pay the specialist for their time.

There are many points at which the service provider and the DCJ Independent Specialist can check the DCJ Independent Specialist has been added under the correct Panel Member Role.

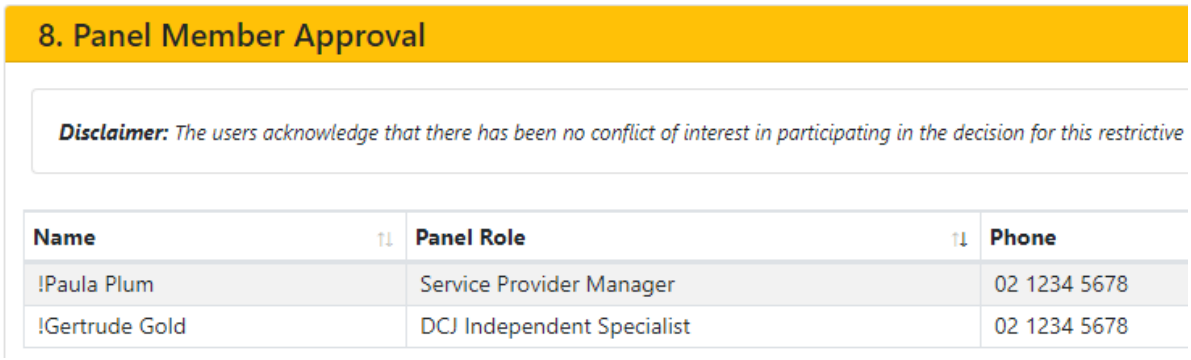
Within the submission, Section 10 lists the panel members and the role each panel member has been assigned under in the second column:

Name	Panel Role | Area of Expertise	Phone
!Gertrude Gold	DCJ Independent Specialist	02 1234 5678
!Paula Plum	Service Provider Manager	02 1234 5678

At the point at which the DCJ Independent Specialist accepts the panel meeting, their Panel Role is also listed in the 4th column:



Also, in the Outcome Summary, Section 8 Panel Member Approval, the Panel Role is listed in the second column:

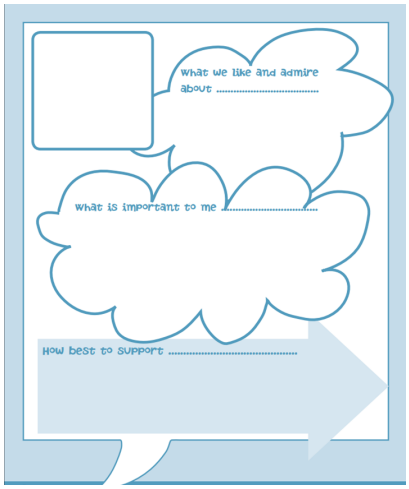


8. Panel Member Approval

Disclaimer: *The users acknowledge that there has been no conflict of interest in participating in the decision for this restrictive*

Name	Panel Role	Phone
!Paula Plum	Service Provider Manager	02 1234 5678
!Gertrude Gold	DCJ Independent Specialist	02 1234 5678

If the DCJ Independent Specialist identifies that they have been assigned under an incorrect Panel Member Role, they should contact the service provider and the Central Restrictive Practices Team immediately.
If a service provider identifies they have assigned a DCJ Independent Specialist incorrectly, they should change this assignment, or, if they are unable to do so due to the submission having been released, contact the Central Restrictive Practices Team immediately.
The Central Restrictive Practices Team can be contacted at rpabookings@facs.nsw.gov.au.



One Page Profiles

When completing a submission in the NSW RPA System, applicants must ensure that a One Page Profile in included. For organisations without an existing One Page Profile template, DCJ has existing resources which can be downloaded as part of the Good to Great Framework.

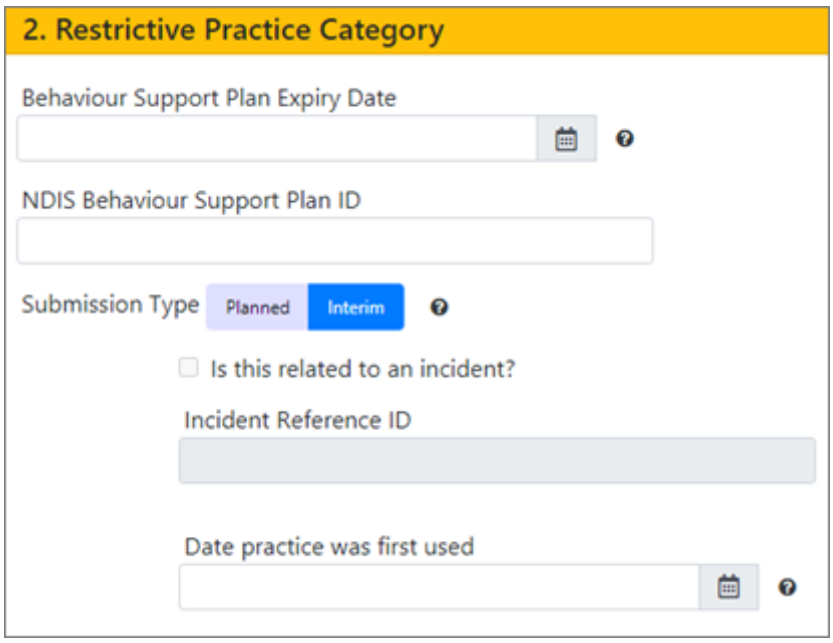
Good to Great provides a series of practical resources that assist organisations and workers to provide person-centred support. These resources can be accessed here.

When uploading a One Page Profile to the NSW RPA System, it is not good practice to upload a full Behaviour Support Plan or other long document which may contain a One Page Profile within it. Where a One Page Profile is contained within a longer document, users should create a new

document and copy the One Page Profile across, so that it can be uploaded separately.

The One Page Profile template can be accessed directly here.

Interim Authorisation - Response to Critical Incident

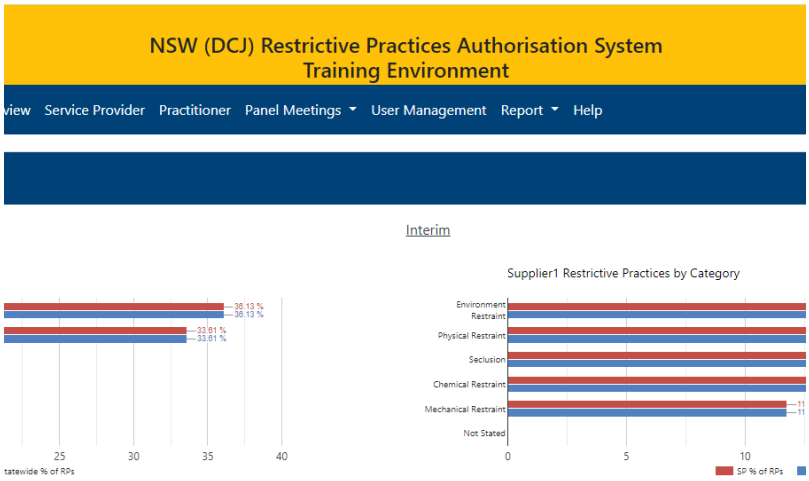


Interim authorisation is a shorter term form of authorisation which can only be provided when a regulated restrictive practice has been implemented in response to a critical incident. Interim authorisation should be provided by an RPA Panel within one month of the practice first being used and authorisation can be approved for up to five months. In other words, interim authorisation can be provided for up to six months from the date the practice was first used or five months from the date of the panel (whichever comes first).

Section 4.7 of the NSW RPA Policy and Section 5 of the RPA Procedural Guide provides guidance around the response to a critical incident and interim authorisation.

In situations where authorisation for a practice is not being sought following a critical incident, interim authorisation is not appropriate and planned authorisation should be sought. Until planned authorisation can be obtained, any instances of use of the restrictive practice should be reported to the NDIS Quality and Safeguards Commission as unauthorised use of restrictive practices.

Training Environment



It has been noted that some NSW RPA System Users create 'dummy' participants and submissions in the live NSW RPA System. This practice is not allowed in the live NSW RPA System. If users wish to practice using the NSW RPA System, this must take place in the Training Environment only.

In order to access the NSW RPA System Training Environment, follow the steps below:

1. Click on the 'Training Environment' tile on the NSW Restrictive Practices Authorisation webpage. This will take you to Training Environment page.
2. On the Training Environment page, click on 'Accessing the Training Environment login details'. Another page will open up.
3. Click on the green download button to download a PDF with the login details.
4. On this PDF, look at the column for the type of user you wish to practice as, and note the user name and password.
5. Return to the Training Environment page (you can click back from the download page). Click on the blue button which says 'Login to the RPA Training Environment'.
6. Enter the user name and password for the user type you wish to practice as.
7. You will now be logged in to the Training Environment. Please do not keep the live RPA System open on another tab, as it can cause confusion. The Training Environment is distinctive as it has a yellow banner at the top of the page.

Please contact the DCJ Central Restrictive Practice Team if you have any difficulty accessing the Training Environment or require any further guidance. The team can be contacted at: restrictivepracticesauthorisation@facs.nsw.gov.au.

Chemical Restraint - Dosage

Authorisation for chemical restraint by a RPA Panel is authorisation for the use of the medication on a PRN or Routine basis. The Panel's authorisation is not considered authorisation for a specific dosage amount or for a specific number of times per day for the medication to be administered.

If a change in dosage or administration times occurs, the panel is not required to approve this change. RPA Panel members are not required to have a medical background or pharmaceutical knowledge but rely on the expertise of the medical practitioners involved. However, is it best practice for RPA Panels that have approved chemical restraint to hold regular reviews in certain circumstances.

Where there are frequent incidents requiring PRN, multiple medications for complex health and/or behaviour management purposes or high doses of PRN or Routine medications (based on prescribing health professional reports and consumer information, supplied as part of the submission), RPA Panels should hold reviews at least every 3 or 6 months.

For further guidance on reviews for authorised chemical restraint, please see the RPA Panel Guide - Considering Chemical Restraint.

Case Study - Invalid Interim Authorisation

Kathleen is a 36YO woman who lives in a group home with two other individuals; she has no history of displaying behaviours of concern. In December 2019 there were a number of incidents where Kathleen was elevated and put herself and staff at significant risk of injury (for example she would try to injure herself by hitting her head on walls and also throwing nearby items at those around her). In response to this, Kathleen was reviewed by her GP who prescribed her with PRN medication and recommended that she be reviewed by her Psychiatrist. By 11 January 2020, Kathleen's interim behaviour support plan was finalised and interim authorisation for four months was approved by her service provider's RPA Panel (i.e. interim authorisation expired on 11 May 2020). Kathleen was reviewed by her Psychiatrist who did not think she needed any additional medication apart from the PRN.

On 5 May 2020, the interim behaviour support plan was amended, and interim authorisation granted by the service provider's RPA Panel for four months; this revision was done because Kathleen had a family member pass away. Although the frequency of her use of PRN medication increased during this time, no additional behaviours of concern were noted. On 19 October 2020 Kathleen's comprehensive behaviour support plan was finalised, and a planned submission was put before an RPA Panel where it was given 12 months authorisation; valid consent for this practice was also provided on 19 October 2020.

Unfortunately in this situation, Kathleen's second interim authorisation was invalid because interim authorisation can only be provided when a regulated restrictive practice has been implemented in response to a critical incident. In situations where a restrictive practice is not being implemented in response to a critical incident, planned authorisation should be sought.

In Kathleen's situation, the service provider's RPA Panel was correct in providing interim authorisation until 11 May 2020. However, the subsequent authorisation (on 5 May 2020) was ineligible to receive interim authorisation because the practice was no longer in response to a critical incident. Given the interim authorisation provided on 5 May 2020 was invalid, it means that Kathleen's service provider was using a regulated restrictive practice without authorisation between 11 May 2020 and 19 October 2020 and all uses of PRN during this period needs to be reported as a reportable incident to the NDIS Quality and Safeguards Commission as an

unauthorised use of a restrictive practice.

SPOTLIGHT

Ciaran McCabe

Assistant Project Officer
DCJ Central Restrictive Practices Team

How did you get to where you are today?

I have worked in the community services sector for 28 years now. I started as a casual Disability Support Worker, a fresh faced very naive eighteen year old (with hair). I was in my first year of university. I remember feeling a little confronted that first day having to provide personal care to adults, something I had never done before or even considered.
I soon realised whatever embarrassment/discomfort I may have been feeling the person I was assisting had to trust this stranger when they were at their most vulnerable - their discomfort would be so much more intense and justifiably so. I had a brilliant House Manager who taught me what person centred care meant and the absolute need for every individual to have choice and control in their lives. I soon came to see my job as not working for but with the person, providing the appropriate care and assistance to the person when needed or requested and always showing that person the dignity and value they deserve as another fellow human being.
I have since worked in a variety of roles in government and non-government as team leader, house manager, manager accommodation, trainer/ facilitator. I feel passionate about human rights and believe in the social model of disability. I have absolute conviction that everyone deserves all opportunities to participate fully in their lives and the life of their communities. I see working on the Central Restrictive Practice Team and advising providers on RPA policy requirements and ensuring submissions meet minimum requirements as a natural progression of those beliefs. Fundamentally, Restrictive Practices, while necessary for some people, are still and always will be an infringement on their basic human rights. Therefore it is important that there is a system in place to ensure the use of these Restrictive Practices are justified and necessary.

In your role you see a lot of submissions and outcome summaries, what advice would you give to panel members?

- Plan. If you know that you have a submission due at end of month start working on it at beginning of month. You can save the submission as you go along.
- Have a look at our FACS RPA Homepage, there are many resources to help you complete a submission. Video tutorials, step by step user guides, case studies, examples of best practice submissions and outcome summary forms and of course these newsletters themselves!
- A submission is not authorised until valid consent been uploaded to the submission and status in top right corner of submission say COMPLETED. If your RPA submission status does not show as COMPLETED any use of this practice is unauthorised.
- Enter panel discussion and reasoning in Outcome summaries as soon as you can, include all discussion to give context to the decision reached. Entering outcome summaries will allow your panel members to go in and approve/ not approve. This will then allow the provider to progress the form to valid consent (until given No RP is authorised). Do not forget to click on Complete - a green button down bottom of the form.
- NEVER click on withdraw unless you are sure you have no further need of that submission.

What do you like about working in the Central Restrictive Practices Team?

My values align with the job I am doing. I believe in the aims of the National Framework for Reducing and Eliminating the Use of Restrictive Practices. This gives me great personal satisfaction as I login to work every day .The job is interesting, I get to communicate with a variety of stakeholders every day, to consider some policy questions before providing hopefully a cogent response, to participate in webinar presentations and I work with a great team. The team get my sense of humour or are polite enough to laugh anyway. I know that everyone on this team feels a responsibility to perform this job to the absolute best of their ability. I have never met a nicer group of people; many of you will have talked or emailed with some of the team and would know this first-hand.

Test your knowledge!

Question 1: What is the maximum time frame Interim authorisation can be granted for?

Question 2: Can a person responsible provide consent for implementation of a mechanical restraint restrictive practice for a person over 16 year old?

Question 3: True or False? A guardianship order is sufficient evidence of consent to implement a restrictive practice.

RPA News will be published monthly on the Department of Communities and Justice Restrictive Practices Authorisation web page. If you would like to suggest a colleague or service to be included in Spotlight On... or Provider in Focus, or if you have any questions about restrictive practices authorisation or this newsletter, please email: RestrictivePracticesAuthorisation@facs.nsw.gov.au

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Test Your Knowledge Answers:

Q1: Interim authorisation may be granted for up to 5 months from the Panel meeting date or 6 months from the first unauthorised use of the restrictive practice, whichever comes first.

Q2: No, a person responsible may not provide consent for mechanical restraint for a person over

16 years old. In the case of mechanical restraint, consent may only be provided by the person if they have capacity, or by a guardian with a restrictive practices function. The only type of restraint a person responsible is able to provide consent for if the person is over the age of 16 is for chemical restraint.

Q3: False. Where the person has a guardian with restrictive practices function, a record of the guardian's consent to the specific restrictive practice that is being implemented must be provided. Without this, the practice is unauthorised.
