> **Chemical restraint** is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a medical illness, or a medical condition[1].

As a regulated restrictive practice, the implementation of chemical restraint in NSW requires Restrictive Practice Authorisation (RPA) by a Restrictive Practices Authorisation Panel. This guide covers the necessary considerations by an RPA Panel when determining if authorisation is to be given for the use of chemical restraint, in the context of the rights of people with disability and managing risks due to behaviours of concern.

The submission

The RPA Panel must have appropriate documents which contain essential information to be able to make a reasonable decision to approve or decline authorisation. The submission must be completed using the NSW RPA System and the required supporting documents uploaded and released to the RPA Panel members. It is recommended that the RPA Panel is given a minimum of 2 business days prior to the scheduled meeting of the RPA Panel, to review the submission. It is important that all panel members have adequate time to read the information provided.

For the use of chemical restraint this information is:

- the provision of the required documents in *Section 4* of the online RPA Submission Form which include:
    - the comprehensive Behaviour Support Plan (BSP) or Interim BSP for Interim Authorisation which:
        - describes the chemical restraint and its prescribed use
        - includes functionally equivalent and or related skills that will address the purpose of the behaviour and therefore reduce the need for the chemical restraint
    - the functional assessment on which the BSP is based (required for planned submissions)
    - the format that will be used to record the use of chemical restraint, where the practice is not yet implemented
    - medication chart information to record frequency of use
    - PRN protocol when used on PRN basis
    - Medical reports
    - Information on side effects and symptoms of overdose
- *Section 5* describing the behaviour/s that may require the use of chemical restraint

[1] NSW Restrictive Practices Authorisation Policy 2019

- *Section 6* describing the proposed chemical restraint and under what conditions it will be used.

If the above information has not been provided to RPA Panel members, there is insufficient information on which to base a reasonable decision to authorise.

The RPA Panel should not consider the submission until it contains all the required information.

Consideration of a submission for Chemical Restraint

Based on the information provided in *Sections 4, 5 and 6* of the RPA Submission Form, the RPA Panel should determine if it is satisfied with the quality of the response and how the NDIS provider is protecting the rights of the person.

Section 4.4 of the *NSW Restrictive Practices Authorisation Procedural Guide* provides a collection of questions that should be considered by the RPA Panel, in addition to such questions as:

- Does the proposed use of medication satisfy the definition of chemical restraint[2]?
- Is the use of chemical restraint a reasonable and proportionate response to the risk presented by the behaviour of concern?
- Do staff implementing chemical restraint have information regarding:
  - what, when and how to administer the medication (as prescribed)
  - how the use of the practice will be monitored and reported as required
  - the anticipated timeframe the medication will take effect
  - symptoms of overdose and side effects
- What measures are in place to ensure chemical restraint will be safely implemented?
- What training might support workers need?
- What is the history of the practice, has it been in place long term?
- Does the frequency of use (non-use) suggest it should be removed?
- Have efforts been made (in consultation with the prescribing health professional) to reduce, fade and remove the use of the practice?

The following should also be considered:

- What is the schedule of use for the chemical restraint, routine or PRN?

[2] RPA Chemical Restraint Guidance

- Has the prescribing health professional clearly identified the objective/s of prescribing the medication?
- What impact will the medication have on the person and how will they be supported for the rest of the day?
- What will be the impact of chemical restraint on the person in the context of their personal history, including potential history of trauma and abuse, and medical history?
- Is the description of the use of chemical restraint in BSP consistent with medical reports or letters from the prescribing health professional?

The use of chemical restraint can be a traumatic experience for the person and is prohibited if used as punishment, for reasons of convenience or in response to resource limitations.

Outcome decision

An RPA Panel (or Senior Manager considering Interim Authorisation) can decide not to authorise the use of chemical restraint if there is insufficient information to make a well-considered decision to authorise. The decision, as always, should be unanimous and without coercion.

Other possible outcome decisions include

- authorisation for short duration of time, **or**
- authorisation with conditions, **or**
- authorisation without conditions

A senior manager considering Interim Authorisation can choose from these options, however the duration of authorisation cannot be longer than 5 months.

When deciding on the duration of authorisation it is important to consider the expiry date of the BSP which contains the practice/s. Authorisation should not extend beyond the validity of the BSP.

The decision to authorise the use of chemical restraint should include a schedule to review of the implementation of the practice by the RPA Panel (refer to *Review of implementation*).

The decision to authorise the use chemical restraint means:

- the **senior manager** accepts responsibility on behalf of the organisation for oversight of the implementation, monitoring, training staff and the provision of a safe environment for NDIS participants and staff where chemical restraint is in use
- the **behaviour support practitioner** has considered chemical restraint in the context of evidence based practice, least degree of restriction, the effectiveness of the restraint to manage the risk and has considered options for fading the practice (in the context of the

identified function of behaviour and functionally equivalent replacement behaviours)
- the **independent** is comfortable that the decision to use chemical restraint with the person is impartial, transparent and is without conflict of interest for the implementing provider.

Conditions of authorisation

All decisions to authorise are dependent upon obtaining appropriate consent for the use of the practice (refer to *Consent and reporting*). It is therefore not appropriate to specify this as a condition. Authorisation is not valid until consent has been obtained.

Similarly, it is not appropriate to make the provision of a mandatory document a condition of authorisation when missing from the submission, for example a **current** behaviour support plan which includes chemical restraint must be included with the submission.

A condition of authorisation would be applied where information the RPA Panel considers important to include but not yet covered by the submission and provided information, for example, this could be evidence that documentation regarding progress of behaviour support has been provided to the prescribing health professional.

It is recommended that where authorisation includes conditions, the RPA Panel schedules a review of the implementation to monitor the actioning of those conditions.

In the event that a submission does not contain the minimum information required by *Section 4, 5 and 6* of the RPA Submission Form, authorisation with conditions is not appropriate. Instead, authorisation should be declined and the practice not considered by the RPA Panel until the minimum documentation is provided.

Recommendations

The RPA Panel (or Senior Manager considering Interim Authorisation) can make recommendations on additional steps or considerations they believe the service/s should undertake in providing the person with support.

For example:

- exploring the need for a home medicines review with the General Practitioner: https://www.healthdirect.gov.au/home-medicines-review
- discussing the timing of PRN chemical restraint when the incident occurs close to the scheduled administration of routine medication
- how information about progress of behaviour change can inform decisions made by the prescribing health professional.

These recommendations can be informed by (but not limited to) the RPA Panel's satisfaction with:

- the quality of the information provided to evidence the need for the medication to manage behaviour
- the rigour with which the service is working towards the reduction of the need for medication
- how well the person is supported to understand the use of the medications
- how well the person is being respected and their rights upheld.

Review of implementation

Chemical restraint should be reviewed by the RPA Panel at least every (3 or 6) months where the person has:

- frequent incidents requiring PRN, or
- multiple medications for complex health and/or behaviour management purposes, or
- high doses of routine or PRN medications (based on prescribing health professional reports and consumer information[3], supplied as part of the submission).

These reviews should consider:

- the frequency of medication use
- the impact of the medication on the person
- whether the use of the medication is occurring as prescribed and authorised
- the consideration of behaviour change efforts during medical consultations
- attempts to implement less restrictive strategies
- actions relating to conditions of authorisation
- progress relating to RPA Panel recommendations.

Next steps

Record the decision in the Outcome Summary, even if the decision was to decline authorisation. This should include a clear explanation of why the RPA Panel came to the recorded decision. The detail provided with this explanation should make it clear to anyone not in attendance why the RPA Panel was comfortable to make the recorded decision.

[3] Consumer Medicines Information – containing information of side effects and symptoms of overdose

Authorisation is not valid until the Outcome Summary is finalised which occurs when:

- evidence of consent for the implementation of the practice from the appropriate consent provider is obtained
- panel members have endorsed the Outcome Summary.

When the Outcome Summary is finalised, provide a copy to the behaviour support practitioner for uploading to the NDIS Quality and Safeguards Commission Portal.

Consent and reporting

Where an RPA Panel has decided to authorise chemical restraint and the necessary consent[4] [5] is not obtained, it remains an unauthorised use of a restrictive practice and must be reported to the NDIS Quality and Safeguards Commission as a Reportable Incident. When consent has been obtained and the Outcome Summary has been completed, the practice is considered to be authorised.

The implementing service provider reports the use of chemical restraint to the NDIS Quality and Safeguards Commission.

This RPA Panel Guide is to be read in conjunction with:

- NSW RPA Policy (pdf) https://www.facs.nsw.gov.au/download?file=592755
- NSW RPA Procedural Guide (pdf) https://www.facs.nsw.gov.au/download?file=593319
- Interim Authorisation (video): https://www.youtube.com/watch?v=vHWTD1jQ-RE
- What's a Review of Authorisation? (video): https://www.youtube.com/watch?v=GCDgkE17J2A
- RPA Chemical Restraint Guidance Sheet (pdf): https://www.facs.nsw.gov.au/download?file=636948
- Chemical Restraint Case Study (video): https://www.youtube.com/watch?v=EUqeCsWqtAg

[4] NSW RPA Policy 2019, *Sections 1.1, 4.1 and 4.4*
[5] NSW RPA Procedural Guidelines 2019, *Section 3*

- Best Practice Example – The Outcome Summary Form (pdf): https://www.facs.nsw.gov.au/download?file=674178
- Behaviour Support and the use of Medication: a guide for practitioners (pdf): https://www.facs.nsw.gov.au/download?file=630362
- Chemical Restraint Restrictive Practice Guidelines (pdf) www.ndiscommission.gov.au/providers/behaviour-support

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