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**Restrictive practices DATA reporting (RpDR)**

A GUIDE FOR REPORTING: VERSION 1

Senior Practitioner

October 2018

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| Restrictive Practices Data Reporting (RPDR) Guide  How to write a restrictive practice data report |

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## About this Guide

Under the *Senior Practitioner Act 2018* (‘the Act’), providers of education, disability services, and the care and protection of children are required to report on the use of restrictive practices. The ACT Senior Practitioner has developed the Restrictive Practices Data Reporting (RPDR) to facilitate the collection and reporting of key data on the use of restrictive practices over time.

The Act defines **restrictive practice** as a practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm; and includes the following:

* chemical restraint means the use of a chemical substance that restricts or subdues a person’s movement; but does not include the use of a chemical substance that is—
  1. prescribed by a medical practitioner or nurse practitioner for the treatment, or to enable the treatment, of a mental or physical illness or condition in a person; and
  2. used in accordance with the prescription.
* environmental restraint means any action or system that limits a person’s ability to freely access the person’s surroundings or a particular thing; or engage in an activity.
* mechanical restraint means the use of a device to prevent, restrict or subdue the movement of all or part of a person’s body; but does not include the use of the device—

1. to ensure the person’s safety when travelling; or
2. for therapeutic purposes.

* physical restraint means the use or action of physical force to stop, limit or subdue the movement of a person’s body or part of the person’s body; but does not include-

1. a reflex action of reasonable physical force and duration intended to guide or direct a person in the interests of the person’s safety where there is an imminent risk of harm.

* seclusion means the sole confinement of a person, at any time of the day or night, in a room or other space from which free exit is prevented, either implicitly or explicitly, or not facilitated.

The Actenables greater protection for vulnerable people from the unnecessary use of restrictive practices by establishing a formal protection and oversight mechanism for the ACT. The intent of the legislation is not to enable the use of restrictive practices, it is to provide a formal framework for the reduction and elimination of restrictive practices by providers in the ACT. Under the Act, all uses of a restrictive practice must be reported to the Senior Practitioner.

Use of a restrictive practice by a service provider is only permissible if used in a way that is consistent with a positive behaviour support plan (PBSP) for the person. The PBSP must be approved by a registered positive behaviour support panel and registered by the Senior Practitioner. However, under the Act, service providers must report all uses of a restrictive practice to the Senior Practitioner, whether there is a PBSP in place for the person or not.

## Restrictive Practices Data Reporting (RPDR)

From 1 September, 2018, providers of disability, education and care and protection of children services (providers) will be required to report on the use of restrictive practices to the Senior Practitioner for the Australian Capital Territory (ACT). The reporting system is called the Restrictive Practices Data Reporting (RPDR).

Frequently Asked Questions:

**Why collect the data?**

The Restrictive Practices Data Reporting (RPDR) will assist the Senior Practitioner to:

* ensure the rights of people who may be subject to restrictive practices are protected and that providers comply with any applicable guidelines and standards on the use of restrictive practices;
* effectively monitor restrictive practices and provide the basis for conducting meaningful analysis on the practice of restrictive practices throughout ACT;
* identify areas of training/ professional learning required to minimise the use of restrictive practices;
* carry out research and provide information on best practice options to providers; and
* promote evidence based alternatives to reduce and eliminate the use of restrictive practices;
* disseminate reports to government and senior organisational leaders to increase supports to minimise and eliminate the use of restrictive practices.

**How will the reports be made to the Senior Practitioner?**

The RPDR has been designed to logically lead the user through the reporting requirements and to reduce workload through options to select and retain repetitive information. Although the information required from providers is more extensive than that currently collected by some organisations, the features of RPDR should not increase the administrative burden on providers.

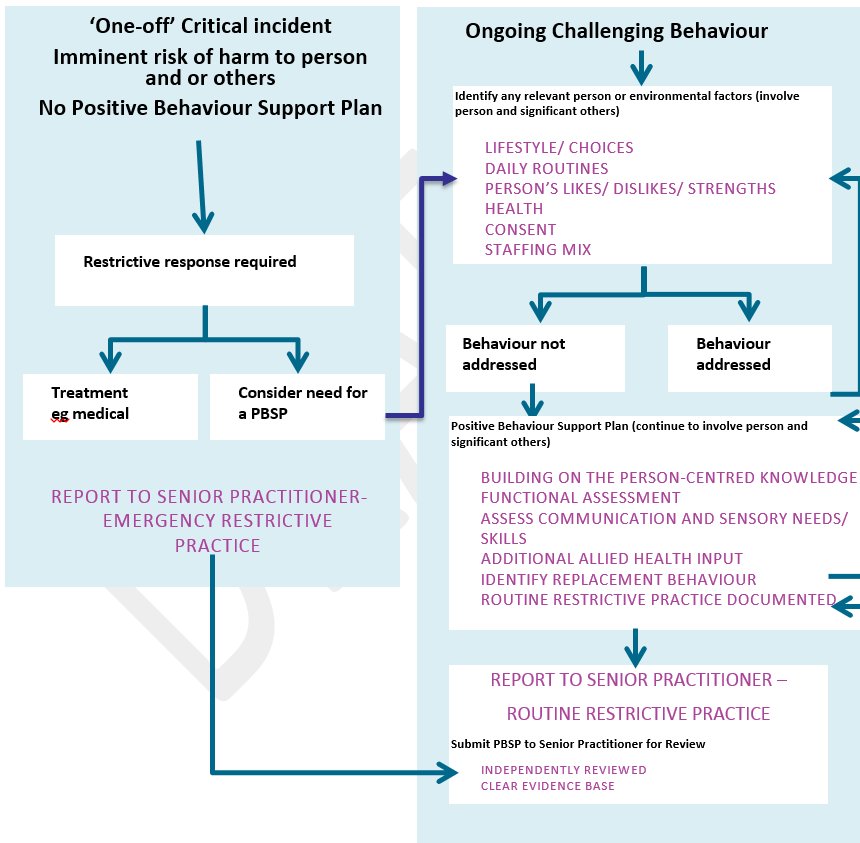
The RPDR contains three sections, with the third section having four subsections:

1. Service provider details,
2. Person being restricted details and
3. Reporting restrictive practices
   1. Routine restrictive practices (identified within Positive Behaviour Support Plan) (see Section 3a)
   2. PRN (as needed) restrictive practices (identified within Positive Behaviour Support Plan) (see Section 3b)
   3. Emergency restrictive practices (**not** identified within a Positive Behaviour Support Plan) (see Section 3c)
   4. Emergency physical restraint restrictive practices (**not** identified within a Positive Behaviour Support Plan) (see Section 3d)

**Can reports be saved?**

When a report is complete, use *Save As* to ensure the document is saved for future reference (see section 4). This means when reporting the next month for the same person, the service provider details and person being restricted details will not need to be re-entered.

**What is the difference between routine and emergency restrictive practices?**



**What will be reported to the Senior Practitioner?**

Both types of restrictive practices must be reported to the senior practitioner. There are two types of reports:

1. Monthly reports of all instances of routine restrictive practice and PRN included within the PBSP,
2. One report per every incident of emergency restrictive practice use (including physical restraint).

**Who reports routine restrictive practices?**

This depends on where the person being restricted is experiencing the restraint:

* If the person is living in a disability funded service (e.g. supported accommodation), the accommodation service is responsible for the reporting of all chemical, mechanical or environmental restraint that occurs on a routine basis to RPDR
* If the person is living in their own home and the restraints occur in a disability funded service during the day (e.g. day, respite, community program), then the service that administers the restraint needs to complete the RPDR

**When should the reports be forwarded to the Senior Practitioner?**

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| Restrictive practice | When to report |
| 1. Routine restrictive practices (identified within Positive Behaviour Support Plan). | By the fifth day (5 days) after the end of the month. |
| 1. PRN (as needed) restrictive practices (identified within Positive Behaviour Support Plan). | By the fifth day (5 days) after the end of the month. |
| 1. Emergency restrictive practices (**not** identified within a Positive Behaviour Support Plan). | Within 24 hours of the event. |
| 1. Emergency physical restraint restrictive practices (**not** identified within a Positive Behaviour Support Plan). | Within 24 hours of the event. |

**How do I use this guide?**

This guide outlines the data required and the business rules for each section of the RPRT. This guide identifies the format and clarifies the meaning of the data required. The majority of the items on the return are mandatory. Optional items are identified. The information required in each report will now be examined section by section.

## SECTION 1: Service provider details

This section requests information on the service type outlet where the service is provided. All fields in this section are mandatory. It must be completed every time a restrictive practice is reported. The details of the service can be saved so the information needs to be entered once only.

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| Figure 1.1: Service provider details screen in RPDR |

| **Table 1.1: Service Type Outlet Summary** | |
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| **Data Items as they appear in section one:**  ***Service Type Outlet Summary*** | **Business Rule and Guide**  **All fields are mandatory** |
| Service Provider | The name of the service provider providing services and the service type outlet. |
| Organisation Type | The options are government or non-government. Select one from the drop down list. |
| Service Type Outlet Address | The street address, suburb, state and postcode of the location.  A physical location must be identified, the postal address is not sufficient. The suburb and postcode should be that recorded by Australia Post. The address should be that from which restraint and seclusion is administered.  *This is required to confirm Service Type Outlet registered to perform restrictive practices.* |
| Activity Type | Tick appropriate box as to the sector type the Service Provider e.g. Education, Disability Services and Care and Protection of Children.  *This item is to inform the type of service provider and will enable reporting on restrictive practice for particular service providers and any progress made over time in the reduction of restrictive practices.* |

## SECTION 2: Details of person being restricted

This section requests information about the person who was subject to restraint for the reporting period. All reportable events involving the use of restrictive practices for reporting purposes are linked to the person. The summary identifies the individual and ensures that the person is only counted once. All items contained within this section of the report are mandatory. It must be completed every time a restrictive practice is reported. The details of the person can be saved so the information needs to be entered once only.

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| Figure 2.1: Details of person restricted screen in RPDR |

| **Table 2.1: Details of person being restricted** | |
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| Data Items as they appear in section two:  *Details of person restricted* | **Business Rule and Guide**  **All fields are mandatory** |
| Name of Person | Enter the name of the person. |
| Gender/Sex | Select the appropriate box. |
| Date of Birth | The date of birth of the person being restricted. It is to be a valid date - DD/MM/YYYY. |
| Country of Birth | The country in which the person was born. Select the Australia box if person with a disability is Australian born. If other, enter place of birth or unknown if applicable. |
| Indigenous Status | Select the appropriate box (select only one).  An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives. A person of Aboriginal descent is a person descended from the original inhabitants of Australia.  The Torres Strait Islands are the islands directly to the north of Cape York, between Cape York and New Guinea. |
| Disability Status | Select the appropriate box. |

| **Table 2.1: Details of a person being restricted (cont.)** | |
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| Data Items as they appear in section two:  *Details of person restricted* | **Business Rule and Guide** |
| **Disability Group - Primary**  Select the most appropriate primary disability for the person (select only one).  The primary disability field that most clearly expresses the experience of disability by the person with a disability. | |
| **Acquired Brain Injury**  Refers to disabilities arising from damage to the brain acquired after birth that results in deterioration in cognitive, physical, emotional or independent functioning. Can be as a result of accidents, stroke, brain tumours, infection, poisoning, lack of oxygen, degenerative neurological disease, etc.  Intellectual Disability  Use in relation to a person over the age of 5 years, refers to the concurrent existence of:  (a) Significant sub-average general intellectual functioning; and  (b) Significant deficit in adaptive behaviour.  Both of which were manifest before the age of 18 years.  Neurological  Applies to impairment of the nervous system occurring after birth, such as epilepsy and organic dementia (e.g. Alzheimer’s disease) and conditions such as Multiple Sclerosis and Parkinson’s Disease.  Sensory  *Deafblind:* a dual sensory impairment associated with severe restriction in communication, and in the ability to participate in community life.  *Vision disability:* encompasses blindness and vision impairment (not corrected by glasses or contact lenses).  *Hearing disability:* encompasses deafness, hearing impairment and hearing loss.  Physical  Conditions attributable to a physical cause or impact on the ability to perform physical activities, and may include paraplegia, quadriplegia, muscular dystrophy, motor neuron disease, neuromuscular disorders, cerebral palsy, absence or deformities of limbs, spina bifida, arthritis, back disorders, ataxia, bone formation or degeneration or scoliosis. | |
| Data Items as they appear in section two:  *Details of person restricted* | **Business Rule and Guide** |
| Disability Group- Other | |
| Psychiatric  A mental illness or disorder which includes recognisable symptoms and behaviour patterns frequently associated with distress that may impair personal functioning in normal social activity. Includes conditions such as schizophrenia, affective disorders, anxiety disorders, addictive behaviours, personality disorders, stress, psychosis, depression and adjustment disorders.  Developmental Delay  Refers to cognitive or physical delay of a child under the age of 6 years which:  (a) Is attributable to a cognitive or physical impairment or a combination of cognitive and physical impairment; and  (b) Is manifested before the child reach the age of 6 years; and  (c) May results in substantial functional limitations in one or more of the following areas:  (i) Self-care;  (ii) Receptive and expressive language;  (iii) Cognitive development  (iv) Motor development; and  (d) Reflects the child’s need for a combination and sequence of special interdisciplinary, or generic care, treatment of other service which are of extended duration and are individually planned and coordinated.  Physical  Conditions attributable to a physical impairment and impact on the ability to perform physical activities, and may include paraplegia, quadriplegia, muscular dystrophy, motor neuron disease, neuromuscular disorders, cerebral palsy, absence or deformities of limbs, spina bifida, arthritis, back disorders, ataxia, bone formation or degeneration or scoliosis. | |
| Positive Behaviour Support Plan (PBSP) - Dates | **Start Date** is the date on which Positive Behaviour Support Plan (PBSP) was authorised by the Authorised Program Officer. It is to be a valid date - DD/MM/YYYY.  **Review Date** is the date on which PBSP is to be reviewed. It is to be a valid date - DD/MM/YYYY. The BMP Review Date must be no longer than 12 months after BMP Start date.  The start date and end date for PBSPs indicate whether a PBSP is in place, when it is due for review, and provides information on emergency use in the absence of prior approval. |
| Author | The salutation, given name and family name of the author of the plan. |

## SECTION 3A: Reporting of routine restrictive practice

The routine restrictive practice section is to be completed for people when the treatment is administered (usually daily) over the monthly reporting period as opposed to “one off” application. All people subject to a routine restrictive practice must have a Positive Behaviour Support Plan (PBSP). All providers are required to submit a report to the Senior Practitioner each month for each approved PBSP within five (5) days of the end of that month. Note: Physical restraint is not permitted as part of a routine support plan.

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| Figure 3.1 Reporting of Routine Restrictive Practice as appears in RPDR |

| **Table 3.1 Reporting Routine Restrictive Practice** | |
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| Data Items as they appear Section three:  *Reporting on Routine Restrictive Practices* | **Business Rule and Guide**  **These are mandatory fields** |
| Start Date & End Date | Date on which an event occurred. The End Date must be on or after the Start Date. It is to be a valid date - DD/MM/YYYY. |
| **Intervention Reason** | Select the appropriate box (select only one). The reason that restrictive practice was administered or applied to a person. Select the reason(s) as to why restrictive practices were used:   * Harm to Self * Harm to Others * Harm to Self with Harm to Others * Destroying Property with Harm to Self * Destroying Property with Harm to Others * Destroying Property with Harm to Self with Harm to Others   Note: Causing damage to property in itself is not a reason in itself to use restrictive practices. |
| Practice Type | This refers to the form of restrictive practice administered that applies to the event in question. Select Y for which ever applies for the Routine Restrictive Practice:  ***Chemical Restraint (see page 13)***  ***Mechanical Restraint (see page 14)***  ***Environmental Restraint (see page 15)*** |

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| **Table 3.1 Reporting Routine Restrictive Practice (cont.)** | | |
| Data Items as they appear Section three:  *Reporting on Routine Restrictive Practices* | | **Business Rule and Guide**  **If chemical restraint has been used, these are all mandatory fields.** |
| Chemical restraint definition:   * means the use of a chemical substance that restricts or subdues a person’s movement; but does not include the use of a chemical substance that is—   1. prescribed by a medical practitioner or nurse practitioner for the treatment, or to enable the treatment, of a mental or physical illness or condition in a person; and   2. used in accordance with the prescription. | | |
| **Drug Name** | It must be consistently presented to ensure data integrity. List the name of the drug that was administered to the person for the purposes of the chemical restraint. | |
| **Dosage** | The drug dose is the amount of the drug administered for each separate application for example if the medication is 30mg twice a day the dosage would be 30mg.  For the purpose of routine, enter the amount of the dose and the number of applications e.g.   * 0.75mg three times a day is 3 applications. * Where there are different dosage amounts throughout the day, each different dosage is entered separately, for example, morning dosage 0.5mg entered once and evening dosage of 0.75mg entered separately. * The medication dose must be linked to the medication type, typically when a new medication type is required; a new medication dose is required.   The medication dose must be described and coded as milligrams [**mg**] or micro milligrams [**mmg**] or millilitres [**ml**] or drops [**d**]. | |
| **Frequency** | How often (Daily, Weekly, Monthly) is the dosage of the drug(s) used for the purposes of chemical restraint. If the medication is daily refer to Applications to record the number per day | |
| Applications | Relates to the routine frequency as to how many times the drug is administered i.e. how many times in the day is the drug administered. If the medication is 20mg twice a day. The application would be 2. Some other examples are:  If bd – twice daily enter 2  If tds – three times per day enter 3  If qid – four times per day enter 4  *These items have been collected to develop a record over time of drug usage for restraint purposes.* | |
| Prescriber | The type of prescriber should be ticked. The title of the medical practitioner that prescribed the drug administered as a restrictive practice to the person during the reporting period. *Required to develop an understanding of the medical qualifications of the person prescribing the drug to be administered to the person subject to restrictive practices.* | |

| **Table 3.1 Reporting Routine Restrictive Practice (cont.)** | |
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| Data Items as they appear Section three:  *Reporting on Routine Restrictive Practices* | **Business Rule and Guide**  **If mechanical restraint has been used, these are all mandatory fields.** |
| Mechanical restraint definition   * means the use of a device to prevent, restrict or subdue the movement of all or part of a person’s body; but does not include the use of the device—  1. to ensure the person’s safety when travelling; or 2. for therapeutic purposes. | |
| *Mechanical Restraint Type.*  The method of mechanical restraint (as per definition in *the Act)* that was administered to the person- one or more types may be selected. | ***Belt/Strap*** –*Belt:* a band to tie or buckle around the body.  *Strap:* an elongated leather strip (or strip of similar material) for binding things together or holding something in position.  ***Harness*** - a support consisting of an arrangement of straps for holding something to the body  ***Gloves*** - hand wear: covers the hand and wrist  ***Sheet*** - bed linen consisting of a large rectangular piece of cotton or linen cloth; used in pairs  ***Splint*** - an orthopaedic mechanical device used to immobilise and protect a part of the body  ***Cuffs*** - shackle that consists of a metal loop that can be locked around the wrist; usually used in pairs.  ***Bolster*** - a pillow that is often put across a bed underneath the regular pillows  **Other** – if another form of mechanical restraint was used, record the method. |
| Mechanical Restraint Start Time | Time at which the disability service provider started an event of mechanical restraint. A valid 24-hour time (not 0000 or 2400) Following international convention, midnight is either 2359 of preceding date or 0001 of following date (0000 and 2400 are not accepted). This is recorded to enable the exact length of mechanical restraint  E.g. if the event started at 1.30 pm the time would be 1330 hrs or 1300 whereas if it was 1.30 am the time would be 130 hrs or 0130 |
| Mechanical Restraint End Time | Time at which the disability service provider ended an event of mechanical restraint. A valid 24-hour time (not 0000 or 2400) Following international convention, midnight is either 2359 of preceding date or 0001 of following date (0000 and 2400 are not accepted). This is recorded to enable the exact length of mechanical restraint  E.g. if the event started at 1.30 pm the time would be 1330 hrs or 1300 whereas if it was 1.30 am the time would be 130 hrs or 0130. |
| Environmental restraint definition   * means any action or system that limits a person’s ability to freely access the person’s surroundings or a particular thing; or engage in an activity. | |
| Environmental Restraint Start Time | Time at which the disability service provider started an event of environmental restraint. A valid 24-hour time (not 0000 or 2400) Following international convention, midnight is either 2359 of preceding date or 0001 of following date (0000 and 2400 are not accepted). This is recorded to enable the exact length of environmental restraint.  E.g. if the event started at 1.30 pm the time would be 1330 hrs or 1300 whereas if it was 1.30 am the time would be 130 hrs or 0130. |
| Environmental Restraint End Time | Time at which the disability service provider ended an event of environmental restraint. A valid 24-hour time (not 0000 or 2400) Following international convention, midnight is either 2359 of preceding date or 0001 of following date (0000 and 2400 are not accepted). This is recorded to enable the exact length of environmental restraint.  E.g. if the event started at 1.30 pm the time would be 1330 hrs or 1300 whereas if it was 1.30 am the time would be 130 hrs or 0130. |
| **Environmental details** | Please describe the routine restraint details. |
| **Other** | Please describe routine restraint details. |

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| **Data Items as they appear Section three:**  ***Reporting on Routine Restrictive Practices*** | **Business Rule and Guide**  **This is a mandatory field** |
| Effects of Restrictive Practice - For routine administration | Select the appropriate box. These responses are only valid for routine use of restrictive practice and can only be entered at the end of the reporting months as to the effects of the practice over that month.  Reponses should reflect the effect on the behaviour of the person:  ***Fully Effective.*** Routine application has prevented the person from harming themselves, others and/or destroying property. For example, there has been no requirement for PRN or Emergency use of restrictive practices and nil incidents during the reporting period.  ***Partially Effective.*** Routine application has partially prevented and reduced the intensity and frequency of the person harming themselves, others and/or destroying property. For example, there has been a reduced requirement for PRN or emergency use of restrictive practices and fewer incidents during the reporting period.  ***Not Effective.*** Routine application has not prevented or reduced the intensity and frequency of the person harming themselves, others and/or destroying property. For example, there has been the same or increased requirement for PRN and/or emergency use of restrictive practices and the same or increased incidents during the reporting period. |

## SECTION 3B: Reporting of PRN (as needed) use of restrictive practice

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| Figure 3.2: Reporting of PRN restrictive practice in RPD |

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| **Table 3.2 Reporting on PRN (as needed) restrictive practice** | |
| Data Items as they appear in sectionthree:  *Reporting on PRN (Emergency) use of Restrictive Practices* | **Business Rule and Guide**  **If a PRN (as needed) restrictive practice has been used, all fields are mandatory.** |
| PRN (as needed) restrictive practice definition  The use of a restrictive practice in an emergency that HAS been included within the person’s positive behaviour support plan. | |
| **Severity & Intensity** | What happened as a result of the event:  One or more types can be selected.   * Medical Attention - Staff * Medical Attention – Individual * Medical Attention - Other * Police * Worksafe Order * None   *This information is required to develop an understanding of the severity and intensity of events and to gauge globally what is occurring at the service.* |
| **Administered By** | Name of the person administering the restrictive practice.  Requirements for this field are: gender, given name, middle name and surname. |
| Effects of Practice - For PRN administration | Select the appropriate box. These responses are only valid for ‘Emergency’ or ‘PRN’ use of restrictive practices and are entered for each event.  Reponses should reflect the effect on the observable behaviour of the individual:  ***Fully Effective.*** PRN application has prevented the person from harming themselves, others and/or destroying property.  ***Partially Effective.*** PRN application has partially prevented and reduced the intensity and frequency of the person harming themselves, others and/or destroying property.  ***Not Effective.*** PRN application has not prevented or reduced the intensity and frequency of the person harming themselves, others and/or destroying property. |
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## SECTION 3C: Reporting on emergency use of restrictive practice

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| Figure 3.3: Reporting on emergency restrictive practice usage in RPDR |

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| **Table 3.3: Reporting on emergency seclusion** | |
| Data Items as they appear in section: *Reporting on emergency restrictive practice* | **Business Rule and Guide** |
| Emergency restrictive practice definition  The use of a restrictive practice in an emergency that HAS NOT been included within the person’s positive behaviour support plan. | |
| Intervention Dates | Date on which an event occurred. The End Date must be on or after the Start Date. It is to be a valid date - DD/MM/YYYY. |
| **Intervention Reason** | Select the appropriate box. The reason that restrictive practice was administered or applied to a person. Select the reason(s) as to why restrictive practices were used:   * Harm to Self * Harm to Others * Harm to Self with Harm to Others * Destroying Property with Harm to Self * Destroying Property with Harm to Others * Destroying Property with Harm to Self with Harm to Others |
| **Administered By** | Name of the person administering the restrictive practice.  Requirements for this field are: gender, given name, middle name and surname. |
| Practice Type | This refers to the form of restrictive practice administered that applies to the event in question. Select Y which ever applies for the Routine Restrictive Practice:  ***Chemical Restraint (for more information see page 13)***  ***Mechanical Restraint (for more information see page 14)***  ***Environmental Restraint (for more information see page 15)***  ***Seclusion (for more information see page 21)*** |
| **Severity & Intensity** | What happened as a result of the event:  One or more types can be selected.   * Medical Attention - Staff * Medical Attention – Individual * Medical Attention - Other * Police * Worksafe Order * None   *This information is required to develop an understanding of the severity and intensity of events and to gauge globally what is occurring at the service.* |

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| **Table 3.3: Reporting on emergency restrictive practice** | |
| Data Items as they appear in section: *Reporting on emergency restrictive practice* | **Business Rule and Guide** |
| Seclusion   * means the sole confinement of a person, at any time of the day or night, in a room or other space from which free exit is prevented, either implicitly or explicitly, or not facilitated. | |
| **Seclusion Start Time** | Time at which a disability service provider started an event of seclusion. A valid 24-hour time (not 0000 or 2400) Following international convention, midnight is either 2359 of preceding date or 0001 of following date (0000 and 2400 are not accepted). This is recorded to enable the exact length of seclusion:  E.g. if the event started at 1.30 pm the time would be 1330 hrs or 1300 whereas if it was 1.30 am the time would be 130 hrs or 0130. |
| **Seclusion End Time** | Time at which a disability service provider ended an event of seclusion. A valid 24-hour time (not 0000 or 2400). Following international convention, midnight is either 2359 of preceding date or 0001 of following date (0000 and 2400 are not accepted). This is recorded to enable the exact length of seclusion:  E.g. if the event started at 1.30 pm the time would be 1330 hrs or 1300 whereas if it was 1.30 am the time would be 130 hrs or 0130. |

## SECTION 3D: Reporting on emergency use of physical restrictive practice

The emergency use of a physical restrictive practice means a sudden state of danger requiring immediate action to prevent or manage a serious and imminent risk of harm to the person or to another person or people. Physical restraint can be used:

* in an emergency or in a ‘duty of care’ exception, or
* where physical restraint is necessary in an emergency and is developed as a planned response to a potential emergency situation or known behaviour to prevent or manage a serious risk of harm to the person or to others, or
* where the use of physical restraint is regulated by the Senior Practitioner under a direction issued under the Act.

**Note: Physical restraint is not permitted as part of a routine support plan.**

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| Figure 3.4: Reporting on emergency use of physical restraint |

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| **Table 3.4 Reporting on use of physical restraint** | |
| Data Items as they appear in the Section  *Reporting on the emergency use of physical restraint* | **Business Rule and Guide**  **If physical restraint has been used, all fields are mandatory.** |
| Physical restraint   * means the use or action of physical force to stop, limit or subdue the movement of a person’s body or part of the person’s body; but does not include  1. a reflex action of reasonable physical force and duration intended to guide or direct a person in the interests of the person’s safety where there is an imminent risk of harm   Physical restraint must be used as a last resort.  ‘Physical assistance or physical guidance’ is the use, for the purpose of the wellbeing and support of a person (usually with a disability), of non-coercive physical contact to enable activities of daily living or for therapeutic purposes:  • to perform activities of daily living, such as physically assisting a person with dressing or shaving  • to develop or acquire new skills such as physically assisting a person to prepare dinner where it may involve physically guiding the person’s hand to use a kitchen knife to cut vegetables  • to learn, adapt or perform activities as part of a therapy program such as physically holding on or physically guiding a person in a swimming pool because they are not able to swim independently, or implementing a physiotherapy program  • to ensure a person’s safety when the person is engaged in certain stereotyped movements such as guiding a person who is fixated on finger flicking away from the road  • to comply with ‘duty of care’ expectations. | |
| Intervention Dates | Date on which an event occurred. The End Date must be on or after the Start Date. It is to be a valid date - DD/MM/YYYY. |
| Intervention Time | Time at which a disability service provider began and ended an event of emergency physical restraint. Use a valid 24-hour time (not 0000 or 2400). |
| **Intervention Reason** | Select the appropriate box. The reason that restrictive practice was administered or applied to a person. Select the reason(s) as to why restrictive practices were used:   * Harm to Self * Harm to Others * Harm to Self with Harm to Others * Destroying Property with Harm to Self * Destroying Property with Harm to Others * Destroying Property with Harm to Self with Harm to Others |

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| **Table 3.4 Reporting on use of physical restraint** | |
| Data Items as they appear in the Section  *Reporting on the emergency use of physical restraint* | **Business Rule and Guide**  **If physical restraint has been used, all fields are mandatory.** |
| Effects of Intervention | Select the appropriate box. Reponses should reflect the effect on the observable behaviour of the individual:  ***Fully Effective.*** Physical restraint has prevented the person from harming themselves, others and/or destroying property.  ***Partially Effective.*** Physical restraint has partially prevented and reduced the intensity and frequency of the person harming themselves, others and/or destroying property.  ***Not Effective.*** Physical restraint has not prevented or reduced the intensity and frequency of the person harming themselves, others and/or destroying property. |
| **Severity & Intensity** | What happened as a result of the event:  One or more types can be selected.   * Medical Attention - Staff * Medical Attention – Individual * Medical Attention - Other * Police * Worksafe Order * None   *This information is required to develop an understanding of the severity and intensity of events and to gauge globally what is occurring at the service.* |
| **Location of event** | Describe the incident location. |
| **Type of physical restraint applied** | Select the appropriate response from drop down boxes. |
| **Staff involved** | Name of the person/ people administering the restrictive practice who work at the providers. Requirements for this field are: gender, given name, middle name and surname. |
| **Non-staff involved in restraint** | Name of the person/ people administering the restrictive practice who did not work for the organisation e.g. ambulance staff, police. Requirements for this field are: gender, given name, middle name and surname. |

## SECTION 3E: Emergency incident summary

This section outlines the provider responses that occurred after the emergency incident.

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| Figure 3.5: Emergency Incident Summary screen in RPDR |

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| **Table 3.5: Table outlining emergency incident summary** | |
| Data Items as they appear in section: *Emergency Incident summary* | **Business Rule and Guide** |
| Incident report competed | Follow organisational policy regarding the use of emergency restraint. |
| Was there debriefing for the person physically restrained | Every effort should be made to ensure the person who was restrained is now calm and can identify some of the reasons why they engaged in behaviour that may have caused harm to self or others and how they are now feeling. Also how everyone can deal with similar situations in the future. |
| Was there debriefing for staff | Have staff been able to discuss how everyone is and what led up to the episode of restraint and what might be able to happen if a similar situation occurs in the future. |
| Any follow up action planned | Provide details below or no please provide reasons why there is no follow up below. |
| Provide details of follow up action | Detail any medical visits, PBSP reviews, family meetings, case conferences that are planned to respond to this episode of emergency restraint. |

## SECTION 4: Saving the document for future use

To make the process of reporting in the future easier, providers can save the documents. By using the Save As function a report can be saved under the person’s name, either on the desktop or in the person’s file on a shared drive. This will mean the data in sections 1 and 2 will not have to be re-entered in the future.

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| Figure 4.1: Save As screen in RPDR |

## SECTION 5: Submitting the report

The data in the report is encrypted once submitted to ensure privacy. This means that the data cannot be retrieved from the sender’s email once submitted. You can check in your sent items in your email to ensure the report has been submitted.

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| Figure 5.1: The submit screen in RPDR |

## SECTION 6: Troubleshooting

For any queries on using the RPDR, please contact:

Office of the Senior Practitioner

Phone: 6205 2046

Email: [actseniorpractitioner@act.gov.au](mailto:actseniorpractitioner@act.gov.au)

References

NDIS Quality and Safeguarding Framework (2016) [Department of Social Servic](https://www.dss.gov.au/sites/default/files/documents/04_2017/ndis_quality_and_safeguarding_framework_final.pdf)es at www.dss.gov.au/sites/default/files/documents/04\_2017/ndis\_quality\_and\_safeguarding\_framework\_final.pdf

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Senior Practitioner

October 2018