Statement of Reasons

**Restrictive practices authorisation decision**

|  |  |  |
| --- | --- | --- |
| **Quality Assurance** | | |
| Participant Name |  | |
| Participant NDIS Number |  | |
| Implementing Provider |  | |
| BSP Plan Dates *RPs can only be authorised if there is a current active BSP in place* | Start: End: | |
| BSP Plan Type | Choose an item. | |
| Practitioner Name |  | |
| Practitioner Registration Number |  | |
| Is the person under 18 or over 65? | Choose an item. If Yes, DoB: | |
| **Consultation and Consent**  *It is a legal requirement to consult with the* ***NDIS participant*** *to discover their views/feelings about their BSP and RPs. See* [*the Consultation Practice Guide, Easy Read and Consultation Template*](https://www.sa.gov.au/__data/assets/pdf_file/0008/841184/Participant-consultation-template-and-example.pdf)*.* | | |
| **Who** | **Yes/No** | **Comments** |
| Consultation - Participant | Choose an item. |  |
| Consultation – Guardian/family/kin | Choose an item. |  |
| Consent - participant | Choose an item. |  |
| Consent – guardian/family/kin | Choose an item. |  |
| RP feedback/thoughts - Participant | Choose an item. |  |
| RP feedback/thoughts - guardian/family/kin | Choose an item. |  |
| **Documentation** | | |
| **What** | **Yes/No** | **Comments** |
| Reports - Medical | Choose an item. |  |
| Reports – Allied Health | Choose an item. |  |
| Reports - Other | Choose an item. |  |
| Legal Orders | Choose an item. |  |
| Cultural Considerations/plan | Choose an item. |  |
| **Behaviours of Concern** | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **Relevant Disability/Health/ Mental Health** | | |
|  | | |
|  | | |
|  | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Restrictive Practice Request** | | | |
| RPS Number |  | RP Level | Choose an item. |
| RP Type | Choose an item. | RP Sub-type | Choose an item. |
| Administration of RP | Choose an item. | PRN Details |  |
| Reason for submission to SAO | Choose an item. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Legal Thresholds** | | | | | |
|  | | |  | | **Comments** |
| Behaviours of concern (BoC) | | | | Choose an item. |  |
| Causes a risk of harm  *(One must be present to authorise)* | Use of force or threat of use | | | Choose an item. |
| Self-harm or threat of self-harm | | | Choose an item. |
| behaviour that substantially increases the likelihood of physical or mental harm | | | Choose an item. |
| Property damage or threat of | | | Choose an item. |
| human biological material to come into contact with a person or object | | | Choose an item. |
| RP is required to prevent or minimise harm (as a last resort) | | | | Choose an item. |  |
| RP is identified in the BSP and linked to a BoC | | | | Choose an item. |  |
| **Practice Considerations** | | | | | |
|  | | | |  | Comments |
| Evidence of risk assessment of BoC | | | | Choose an item. |  |
| Risk assessment for use of RP | | Documented within the plan? | | Choose an item. |  |
| Have all risks associated with RP been mitigated? | | Choose an item. |
| Any risks identified by assessor that have not been addressed within plan? | | Choose an item. |
| Is the RP proportionate to the risk the BoC presents | | | | Choose an item. |  |
| Skill development | | Strategies within the plan? | | Choose an item. |  |
| Strategies likely to reduce behaviours of concern and the risk of harm? | | Choose an item. |
| Reduction and Elimination | | Is there a reduction and elimination plan?  *Fade out plan* | | Choose an item. |  |
| Step down strategies in place?  *Are these linked to behavioural indicators or skill dev?* | | Choose an item. |
| Is it clear when you will move to the next step of the plan? | | Choose an item. |
| Environmental Restraint | | does this impact others in the environment? | | Choose an item. |  |
| Have reasonable steps have been taken to reduce the impact of the restriction on impacted persons? | | Choose an item. |
| Locked external gates or doors? (*Must meet all three criteria under* *Sect 7(2)(a) of Regulations*) | | Residential premises? | | Choose an item. |  |
| 24-hour NDIS Supports? | | Choose an item. |
| Insufficient support to safely leave home at their discretion? | | Choose an item. |
| Physical Restraint | | Potential underlying medical conditions that may be impacted? | | Choose an item. |  |
| Physical restraint protocol documented within plan? | | Choose an item. |
| Chemical Restraint  *Hormonal chemical restraints, 2 or more psychotropics and concealed chemical restraints are L2 RPs* | | Psychotropic? | | Choose an item. | Choose an item. |
| Hormonal? | | Choose an item. |
| Other? | | Choose an item. |
| Concealed? | | Choose an item. |
| Mechanical Restraint – Date of last review of Allied Health Professional?  *RPs that have not been reviewed within certain timeframes must be referred to SAO* | | | | Choose an item. |  |
| Seclusion | | Does it meet SA requirements? (*Emergency use only* ***and*** *less than 2 hours* ***and*** *co-regulation or de-escalation strategies*) | | Choose an item. |  |
| Has the BSP demonstrated assessment of risk of the environment?  *Risk assessment should occur of the environment* | | Choose an item. |
| Monitoring and evaluation  *Does the plan detail who, when and how the plan actions and effectiveness will be monitored?* | | | | Choose an item. |  |
| Allied Health reports or information provided | | | | Choose an item. |  |
| Previous Conditions | | Were there any previous conditions for the RP? | | Choose an item. |  |
| Have these conditions been met? | | Choose an item. |
| Any Additional relevant information | | | | Choose an item. |  |
| Additional Information/ enquiries/ Actions taken | | | | Choose an item. |  |
| **Authorisation or Endorsement Decision**  *Restrictive practices must only be authorised where* ***all legal thresholds*** *have been met, including evidence of consultation with the participant. The maximum length of authorisation is 15 months from the start date of a comprehensive BSP and 8 months from the start date of an interim BSP.* | | | | | | |
| Authorisation/Endorsement Decision | | | | Choose an item. | | |
| Conditions | | | |  | | |
| Date of Authorisation Decision | | | |  | | |
| Expiry of Authorisation | | | |  | | |
| Rationale for Decision | | | |  | | |