Statement of Reasons

**Restrictive practices authorisation decision**

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| **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** |
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| **Relevant Disability/Health/ Mental Health** |
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| **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. |

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| **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 |  |