Chemical restraint

This information sheet provides guidance as to the management of chemical restraint and is part of a series of information sheets that have been developed to help everyone understand the 'Authorisation of Restrictive Practices in Funded Disability Services Policy' (the Policy) that applies in Western Australia from 1 December 2020.

For further detailed information please refer to the authorisation of restrictive practices website.

What is chemical restraint?

There are five types of restrictive practices that can be used under certain circumstances:

- seclusion
- chemical restraint
- physical restraint
- mechanical restraint
- environmental restraint.

These are referred to as 'regulated restrictive practices' (for more information, refer to the Regulated restrictive practices in Western Australia webpage or 'Definitions of regulated restrictive practices' information sheet listed on the restrictive practices resources page under 'Providers and Behaviour Support Practitioners').

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 physical illness or a physical condition.

Policy requirements on chemical restraint

An NDIS Behaviour Support Practitioner needs to develop a behaviour support plan (BSP) and include the person with disability, the person's family, carers, guardian, other service providers, and/or other relevant people in the person's life, in developing the BSP. This includes the need to consult with medical practitioners who may be providing care, including prescription of medication, for the person.

Information required from a medical practitioner

When medications are prescribed for people with disability, the prescribing medical practitioner is the clinical decision-maker who determines the purpose of medication. In developing a BSP, the NDIS Behaviour Support Practitioner and/or the Implementing Provider for the person with disability, need to consult with the person's medical practitioner to clarify the purpose for which a particular medication has been prescribed as part of the person's treatment, as well as the conditions under which it should be administered[1].

This information is important, as it will assist the NDIS Behaviour Support Practitioner in determining whether a particular use of medication should be defined as a chemical restraint under the Policy, as well as allowing them to obtain relevant information to support the completion of a restrictive practice schedule and elimination plan as part of the person's BSP for consideration by the Quality Assurance Panel. It is recognised there are often appropriate reasons for prescribing medication for the purposes of behavioural regulation and/or control.

Information to be captured in the BSP

The following information needs to be captured in the restrictive practice schedule and elimination plan as part of the person's BSP in order to support the quality assurance process of the Panel[2]:

- prescribing doctor's contact details
- medication's brand and chemical names
- medication dosage
- conditions/limits of use
- frequency, route and side effects
- circumstances in which the chemical restraint is to be used, including information about when, where, location, time, how
- description of anticipated positive and negative effects of the medication on the person
- statement as to how the medication can be considered the least restrictive way of ensuring safety of the person and/or others

[1] See Appendix 1 of this information sheet for a sample 'Purpose of medication clarification form' which can be used to support the process of gathering information from the person's medical practitioner(s).

[2] See Appendix 4 and 4.1 of the 'Procedure guidelines for authorisation of restrictive practices in NDIS funded disability services – Stage two' for Panel Governance and for an example template that can be used to document a restrictive practice within a BSP. Templates also available on the restrictive practices resources page under 'Forms'.

- statement as to how the use of the medication is in proportion to the potential risk of harm to the person and/or others
- strategies for fading out the use of the restrictive practice – identify a staged plan that outlines how the chemical restraint will be reduced and eventually eliminated over time
- details of monitoring and data collection procedures regarding the use of the chemical restraint including information about who is responsible and how this will be recorded, managed and shared.

Quality Assurance Panel decisions and chemical restraint

Quality Assurance Panels consist of at least a Senior Manager or Delegate of the Implementing Provider and an independent external NDIS Behaviour Support Practitioner who is not the author of the BSP.

The Panel must review the restrictive practice(s) in the BSP against the principles outlined in section 4.1.2 of the 'Procedure guidelines for authorisation of restrictive practices in NDIS funded disability services – Stage two' (listed on the restrictive practices resources page under 'Policy and procedure guidelines') and decide whether to approve or not approve each regulated restrictive practice. All decision-making panel members need to agree for a restrictive practice to be approved.

In some cases, a Quality Assurance Panel may not feel satisfied with the information available regarding a prescribed chemical restraint, when assessing the information provided in the BSP, and the practice under consideration may not be approved or may be approved subject to certain conditions (e.g. approved for one month with actions to address).

In these situations, it will be important that further consultation occur with all relevant stakeholders, including the person's medical practitioner/s, to re-consider the use of the restrictive practice(s) and/or to respond to actions or requests for additional information for consideration at a future Panel meeting.

Contact information

For enquiries about the Policy, please contact the Department of Communities – authorisation of restrictive practices team:

Email: ARP@communities.wa.gov.au
Phone: 08 6217 6888 or free call 1800 176 888
Voice relay: 1300 555 727
Teletypewriter (TTY): 133 677
SMS relay: 0423 677 767

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[Last updated June 2021]

Appendix 1

Purpose of Medication Clarification Form example[3]

Table 1 – Purpose of medication

General information	Required information
Names of medication	Enter text.
Dose	Enter text.
Route	Enter text.
Frequency	Enter text.
Fixed does (routine or PRM)	Enter text.
Reason for medication: Treatment of diagnosed “mental illness” or “physical condition”	Enter text.
Reason for medication: Primary purpose of “controlling the person’s behaviour”	Enter text.
If medication is used for the treatment of a diagnosed mental illness or physical condition, please specify the mental illness or physical condition	Enter text.

[3] If this format is used it is recommended that it is copied into a landscape document to allow for better spacing of columns.