

This fact sheet is a part of a series of best practice examples to guide NDIS Service Providers on comprehensively completing the requirements in the NSW RPA System. These examples will demonstrate how information must be accurately and succinctly documented in order to produce a quality and effective product that is fit for purpose.

This particular example will focus on what is required in **sections 4, 5 and 6** of the RPA Submission Form with a particular focus on **Chemical Restraint**. **The remaining sections have not been highlighted in this document as they are largely prepopulated in the NSW RPA System.*

Part 2 of the NSW (FACS) RPA System User Guide provides instructions on how to complete a Submission Form in the NSW RPA System. It is recommended that this fact sheet is read in conjunction with this User Guide. The User Guide can be found here: <https://www.facs.nsw.gov.au/providers/deliver-disability-services/restrictive-practices-authorisation-portal/nsw-rpa-system-access/user-guide>

The RPA Submission Form

A restrictive practice constitutes a breach of the person's human rights, therefore its proposed use needs to be well evidenced and supported by a collection of required documents.

The purpose of the Submission Form is to provide the RPA Panel with a **summary** of essential information proposing the use of the practice and how the person will be effectively supported. It is **not** intended that applicants replicate sections from either the functional assessment report or the behaviour support plan.

It is important to provide information to assist the RPA Panel to understand the key issues for the person, with regards to the behaviour of concern and the practice being proposed to manage the associated risk.

The below example *Submission Forms* are shown in the '*print*' view of the RPA Submission form. This view is located at the bottom of the screen within the NSW RPA System.



Section 4 of the RPA Submission Form

4. Submission Accompanied By

All submissions for **planned (full) authorisation** require a:

- behaviour support plan,
- functional assessment of behaviour, and
- one page profile.

If requesting **interim authorisation**, only an interim behaviour support plan is required.



Family & Community Services

Restrictive Practices Authorisation

Submission ID: 1348
Submission Status: Released
Submission Type: Planned

NDIS Participant Details

Given Name Mary	Middle Name J
Family Name Bond	
NDIS Participant ID 2365982156	Date of Birth 7/12/2018
Address 26 Piccadilly Crescent	
Suburb GOSFORD	State NSW
	Postcode 2250

Submission Accompanied By

Document Type	File Name	Title
Behaviour Support Plan	Behaviour Support Plan - M. Bond May (2019).docx	Behaviour Support Plan - Mary Bond
Functional Analysis of Behaviour	Behaviour Assessment Report - M. Bond Feb (2019).docx	Behaviour Assessment Report - Mary Bond
One Page Profile of the Participant	One Page Profile MBond - April 2019.docx	'Hi I'm Mary'
Medical Report	Psychiatrist Report - M Bond May (2019).docx	Consultation Report - Mary Bond
Information on Side Effects, Symptoms of Overdose	Medication consumer info.docx	Consumer Information - Diazepam
PRN Protocol	PRN excerpt from BSP.docx	Response Strategies
Other (specify)	Training attendance sheet MBond.docx	Training Attendance
Other (specify)	Bond, M - Medication chart.pdf	Medication Chart

In this example, there are additional supporting documents required for Chemical Restraint:

- medical report (preferably from the prescribing health professional),
- information regarding side effects, symptoms of overdose, and
- medication chart.

Section 5 of the RPA Submission Form

5. Summary of Targeted Behaviour of Concern

A person may engage in a range of behaviours, however not all of these will be addressed by a restrictive practice. Only those behaviours which necessitate a restrictive practice to manage a risk (s), need to be entered in the *Summary of Targeted Behaviour of Concern*.

This section provides a summary of the key areas for consideration by a RPA Panel when determining if the implementation of a restrictive practice should be supported. The impact of the behaviour on the person's quality of life, and the risks to the person of not using the strategy, are essential considerations which are often not described within implementation strategies.

Summary of Targeted Behaviour of Concern	
Type	Physical aggression – other people
Description of Behaviour	When Mary believes others have criticised, gossiped about or teased her she can become aggressive towards those around her including in the community. Recently Mary scratched, hit and pushed over a male customer in the newsagent. This resulted in both the police and the ambulance being called to tend to the man and the incident. Other examples of the behaviour include throwing a coffee cup at a co-resident, which hit him on the head causing a gash that required 3 stitches.
Background	The physical aggression began approximately 2 years ago, shortly after Mary's mother passed away, she was very close to her mother. Within a few months her father ceased visiting and has refused to talk to Mary over the phone. Prior to this Mary would have the occasional outburst of emotional distress however these did not escalate to physical aggression.
Impact on Quality of Life	The use of aggression towards others has resulted in Mary being 'banned' from a few of her favourite places by shop owners (Deja Brew, Campbell's Newsagent and Eddies Corner Shop). Her relationship with her co-residents and colleagues at the workshop have deteriorated and Mary seems distressed and unhappy most of the time.
Identified Issues/Risk	Mary is at risk of further exclusion from services in the community. The police cautioned Mary after the incident in the newsagent but have indicated they may charge her if it happens again. Her current accommodation placement is at risk. Others (including co-residents, staff, and the community) are also at risk of needing medical attention should Mary engage in physical aggression toward them.

In this example, Chemical restraint is used to manage the targeted behaviour of concern i.e. physical aggression toward others.

Section 6 of the RPA Submission Form

6. Summary of Proposed Restrictive Practices

The purpose of this section is to provide a rationale for the use of the restrictive practice, the intended outcomes and how implementation will be both supported and monitored by key supports.

Proposed Restrictive Practices	
Restricted Practice Category	Chemical Restraint
Service Setting	Accommodation setting
Behaviour of Concern	Physical aggression – other people
Description of proposed practice/strategy	The psychiatrist has prescribed the use of 5mg Diazepam for when Mary shows signs of distress that have not responded to her usual positive behaviour support strategies, such as listening to her favourite song, doing a colouring in activity, or using the massage chair. PRN is to be offered early in the escalation of the behaviours. Early warning signs for Mary include starting to rock back and forth repeatedly, yelling and swearing. Staff should follow the PRN Protocol for dosage instruction and maximum amount to be given in 24 hours.
Expected outcomes related to the proposed practice / Strategy	The use of the medication is intended to decrease the amount of emotional distress Mary may feel under particular circumstances, and is expected to help Mary to not escalate to physical aggression towards others. The effect on behaviour is expected to be observed within 30-60 minutes of medication administration.
Rationale for the use of the proposed practice / Strategy	To date the use of redirection strategies alone have not been effective. Mary has limited self-regulation skills and may struggle when she experiences emotional distress. The use of a small dose of medication to help Mary to calm will assist in preventing further physical aggression, and the associated reduction of opportunities and experiences result when Mary demonstrates this behaviour.
Behaviour support practitioner support / staff training required	The practitioner conducted a half day workshop to train staff to implement the BSP. This had two focus areas: facilitated an understanding of how the different strategies are intended to work together; and to increase the consistency of implementation of the BSP.
Schedule of reviews for the proposed practice / Strategy	Monthly
Notes	Monthly monitoring by the practitioner will focus on staff's consistency of implementation. Mary's progress in terms of learning new coping skills to address the behaviour, and the frequency of the aggression will also be monitored .
Fadeout strategies	Review summaries that include an overview of Mary's progress regarding the behaviour support strategies will be provided to the prescribing psychiatrist. Once the PRN is not used for 6 months consultation with the psychiatrist will include discussion and planning regarding the removal of the medication.

The description should include when and how the practice is to be implemented.

Make note of whether any other less restrictive options have been considered, and if so, why these were deemed not suitable.

Each proposed restrictive practice must demonstrate a clear process by which the restrictive practice will be withdrawn.

Consider both short term and long term outcomes, in relation to both the participant and others.

Indicate how the training will be conducted on the implementation of the restrictive practice.

The schedule of review should reflect how frequently the use of the practice will be reviewed by the support network (including the Practitioner).