CHEMICAL RESTRAINT AND WORKING WITH THE TREATING DOCTOR (FOR SERVICE PROVIDERS)

POSITIVE BEHAVIOUR SUPPORT & RESTRICTIVE PRACTICES

The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (the department) draws on its SOLID values (Strengths based, Open, Loyal, Innovative and Dedicated) to commit itself to enabling people with a disability to thrive.

As such, the department is dedicated to ensuring that adults with intellectual or cognitive disability are supported in appropriate ways which ensure personal safety while actively considering the adult's rights and needs. Furthermore, the department is committed to respecting, protecting and promoting human rights. Under the *Human Rights Act 2019*, the department, as a public entity, has an obligation to act and make decisions in a way that is compatible with human rights and, when making a decision, to give proper consideration to human rights.

This Fact Sheet provides practitioners, service providers and disability support workers with information and suggestions about engaging with the treating doctor of an adult who is subject to the use of chemical restraint as defined under the *Disability Services Act 2006* (the Act).

The information applies only to adults of 18 years or older who:

- have an intellectual or cognitive disability
- are receiving services provided by the department, or services prescribed by regulation and funded under a NDIS participant plan
- behave in a way that causes physical harm or a serious risk of physical harm to themselves or others.

Legislative requirements

Under the Act, the treating doctor is recognised as a critical stakeholder in the assessment of, and planning for, an adult where chemical restraint is proposed or in use. Any positive behaviour support plan where chemical restraint is included, must show evidence that the treating doctor has been consulted and the positive behaviour plan must outline:

- The name of the medication and any available information about the medication (for example, information about possible side effects).
- The dose, route, and frequency of administration and, for as needed (PRN) medication, the circumstances in which the medication may be administered — as prescribed by the adult's treating doctor.
- The date of the most recent medication review, if the adult's medication has previously been reviewed by their treating doctor.
- The name of the adult's treating doctor.

When developing the positive behaviour support plan, information is provided to the treating doctor about the findings of non-medical assessments including the contributing factors and function/s of the behaviour that causes harm, and all strategies proposed for use, in conjunction with chemical restraint.

Chemical restraint and the health assessment

Some adults with an intellectual or cognitive disability may have chemical restraint medication that were prescribed many years ago. Therefore, the original reason for the prescription of the medication may be unclear to their current medical practitioner. Medications may have originally been prescribed with little or no evidence provided to the treating doctor, or the use of these medications was, at that time, considered to be an appropriate treatment. Sometimes continued use of such medications has a negative impact on the adult's quality of life.

Developing an effective, ongoing relationship with the adult's treating doctor provides a strong foundation for ensuring that chemical restraint, if used, is managed appropriately.

Service providers may develop this relationship through comprehensive health assessments for adults with an intellectual disability. The use a tool such as the Comprehensive Health Assessment Program (CHAP) to assist the treating doctor to cover all relevant health areas that may contribute to the adult's behaviour that

causes harm. Service Providers in Queensland who provide support to adults with an intellectual disability can register with the department to download the CHAP on behalf of the adult. Please go to: https://eshop.uniquest.com.au/chap/

When making a medical appointment for a CHAP to be completed, it is advised to ask for an extended consultation, Disability service providers should use the CHAP and Clarification of Purpose of Medication form (COPM) as a framework for involving treating doctors in the review of all medication.

Where chemical restraint is proposed or in use, the process and responsibilities:

Action	Responsibility
Schedule an extended consultation with the treating doctor for a comprehensive health assessment (CHAP) and completion of the Clarification of Purpose of Medication COPM for all medication prescribed	Service provider
Collect medical and behaviour information and develop a working hypothesis (including non-medication managements and possible rationale for use of chemical restraint)	Appropriately qualified person[1] (with input from service provider, guardian, and family)
Complete a health assessment including a medication review (multiple consultations may be required) and make a recommendation about chemical restraint	Treating doctor (with input from service provider, appropriately qualified person, guardian and family)
Decide on the use of chemical restraint in context of proposed behavioural and other strategies. Resolve/note differences of opinion (**note: this does not include deciding whether the medication is chemical restraint – only the treating doctor can do this**)	Appropriately qualified person (with input from treating doctor, service provider, guardian and family)
Where chemical restraint is agreed, prescribe chemical restraint and complete with recommendations regarding the use of chemical restraint and details of dose, route, frequency and for PRN, circumstances for administration	Treating doctor
Complete, sign and date Clarification of Purpose of Medication form, including the Practice stamp (**note: the service provider should not complete the form for the treating doctor**)	Treating doctor
Develop a positive behaviour support plan incorporating chemical restraint as prescribed	Service Provider Behaviour Support Practitioner
Arrange for consent of the plan by guardian	Service provider/s
Plan provided to Guardian for consent to the use of Chemical Restraint as detailed in Positive Behaviour Support Plan	Guardian
Service Provider to inform all parties of consent	Service Provider
Implement the plan	Service provider/s
Monitor the plan and keep records	Service provider Behaviour Support Practitioner
Review the plan	Service provider Behaviour Support Practitioner

Advice on whether medication is chemical restraint

The relevant service provider for the adult will require advice from the treating doctor about whether the prescribed medication is chemical restraint as defined under the Act. This requires a determination by the

[1] For assessing an adult with an intellectual or cognitive disability, a person is appropriately qualified if the person has the qualifications or experience appropriate to conduct the assessment. Examples of who might be appropriately qualified persons— behaviour analysts, medical practitioners, psychologists, psychiatrists, speech and language pathologists, occupational therapists, registered nurses, social workers (*DSA 2006, s149).*

treating doctor as to whether the medication is used for the 'proper treatment of a diagnosed mental or physical condition' (in which case the medication is not chemical restraint) or 'for the primary purpose of controlling the person's behaviour in response to the adult's behaviour that causes harm to the adult or others' (in which case the medication is most likely to be chemical restraint).

Refer to the website information *Restrictive Practices: Chemical Restraint*, which outlines the requirements under the Act (including definitions) for the use of chemical restraint. The service provider may assist in this determination by supplementing the treating doctor's records with other information from the client file and/or by involving other people in the adult's network.

Note: The use of medication, for example a sedative, prescribed by a medical practitioner to facilitate or enable the adult to receive a single instance of health care under the *Guardianship and Administration Act 2000* is not chemical restraint. For example, sedating an adult before attending a dentist appointment is not chemical restraint.

Preparing information for the treating doctor

In general, under the Act, assessment and planning for the use of a chemical restraint on an adult will be coordinated by an appropriately qualified person who is working with the service provider. The treating doctor is not responsible for this coordination role.

The service provider is responsible for ensuring that the treating doctor is involved throughout the assessment/review and planning processes, and that sufficient information is provided to the treating doctor to support the assessment/review. Service providers and appropriately qualified persons should support this process by providing access to all necessary information and by completing appropriate behavioural or other recordings as requested.

The type of information may include:

- history of the prescription and use of chemical restraint
- a description of the behaviour/s to be managed
- behavioural records including measures of the frequency, intensity and duration of the behaviour/s
- a hypothesis regarding the major factors contributing to the behaviour and the function of the behaviour
- record of reactions to and outcomes from the behaviour (particularly in terms of harm)
- a risk assessment
- consideration of a range of management options and if already attempted, their outcome
- possible adverse effects from the proposed interventions.

Important note: *Some adults who are receiving chemical restraint may not be actively displaying behaviour that causes harm. In such cases the service provider and the appropriately qualified person will provide as much historical data as possible to inform an assessment of whether the chemical restraint may be changed, reduced, or withdrawn over time.*

Attending the consultation/s

The comprehensive assessment and/or medication review may require more than one consultation with the treating doctor. It is best practice to use the department's Clarification of Purpose of Medication (COPM) form for the treating doctor to document the purpose of each medication. This form should be used for all prescribed medications, regardless of the medication type (including topical and short-term medications).

It is best practice that the appropriately qualified person and a service provider representative are involved in discussions where the need for chemical restraint is being considered. It is highly desirable that other important stakeholders such as the adult's guardian and family members are also directly involved in these discussions.

It is best practice that the appropriately qualified person takes a lead role during the consultation/s in the discussion of and in resolving differences of opinion regarding the use of chemical restraint in the context of other proposed non-medical interventions. People attending the consultation should ask appropriate

questions to ensure they have a clear understanding of the treating doctor's recommendation regarding chemical restraint.

The Restrictive Practice Guardian or Guardian is a critical stakeholder in these discussions as ultimately this person will/may (if appointed) be considering the matter of consent to the use of chemical restraint as part of the positive behaviour support plan.

The relevant detail of chemical restraint must be included in the positive behaviour support plan.

The service provider will request that the treating doctor complete a current Clarification of Purpose of Medication form that includes the treating doctor's prescription regarding chemical restraint and, where the decision is made to proceed with the chemical restraint:

- Other information required under the Act (dose, route, frequency, PRN circumstances).
- Information required by the relevant decision maker (e.g. why a particular medication is recommended).
- Information that is important to the use of the medication (e.g. advising of side effects, establishing monitoring of the medication).

This information will form part of the positive behaviour support plan for the adult.

Where a medication review results in changing, reducing, or withdrawing medication, the service provider should ensure that the treating doctor provides clear and detailed instructions to the service provider. The service provider should ensure that these instructions are closely followed.

A review period and follow-up appointment should be made and documented by the service provider.

Important note: *In situations where the adult is subject to a forensic order or involuntary treatment order, consultation must be undertaken with the treating psychiatrist.*

After the consultation/s

Where the use of chemical restraint is supported, the service provider (with assistance of the appropriately qualified person) must develop the positive behaviour support plan incorporating the use of chemical restraint. The service provider will ensure all parties, including the treating doctor, are engaged in the development and finalisation of the plan to the necessary extent.

The service provider is responsible for obtaining the consent from the guardian, implementing the plan as consented and ensuring all monitoring and review activities occur, in consultation with the treating doctor as required.

Important note*: The Act (section 168) provides that if a person is accessing respite only with no PRN medication, the respite provider may use chemical restraint (fixed dose) in respite only to support an adult with an intellectual or cognitive disability if they have the consent of the relevant decision maker (either a guardian for a restrictive practice matter or the adult's informal decision maker). In this case it is the decision maker who liaises with the adult's treating doctor.*

The service provider is also responsible for ensuring that all stakeholders are involved in and informed of any changes to the chemical restraint and that the guardian provides consent to the changes as per the requirements of the Act.

The service provider is responsible for ensuring all client files and records are kept up to date.

Further Information

For more information, contact the Positive Behaviour Support and Restrictive Practice team on 1800 902 006 or enquiries_dsa_rp@dsdsatsip.qld.gov.au.

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- *Please note: The information in this document is provided as an initial guide only. It is not intended to be and is not a substitute for legal advice. Service providers should seek their own independent legal advice with reference to the implementation of the legislation.*