

|  |
| --- |
| Chemical restraint of people with a disability: guide and form |
|  |

# Disability Act 2006 legislation requirements relating to medication administration

## Information for medical practitioners

The Office of the Senior Practitioner – Disability, Department of Health and Human Services has developed this resource to enhance the medical practitioner’s capacity to offer patient-centred care to persons with a disability.

Disability service providers may seek medical advice to understand whether a medication is prescribed to treat a condition or for behaviour management.

Under the Disability Act 2006 (the Act), medication that is used to manage behaviours of concern is called chemical restraint and must be reported.

Medical practitioners are encouraged to complete the attached form during the patient’s visit when requested by the disability service provider. The form supports a patient’s current treatment sheet and does not replace it or any other reporting requirements.

**Disability services do not require medical practitioners to state whether a medication is chemical restraint, only to explain what the medication is prescribed for.**

## Chemical restraint

In the disability sector, medication has often been used to modify a person's behaviours. Medications used for this purpose are considered a restrictive intervention under the Disability Act 2006.

Under the Act chemical restraint is defined as, ‘the use, for the primary purpose of the behavioural control of a person with a disability, of a chemical substance to control or subdue the person but does not include the use of a drug prescribed by a registered medical practitioner for the treatment, or to enable the treatment, of a mental illness or a physical illness or physical condition’ .

When a disability service uses chemical restraint, they are legally required to outline the strategies being implemented to reduce and/or eliminate the chemical restraint. The strategies are outlined in a behaviour support plan (BSP). Effective support plans will allow medical practitioners to safely reduce and cease the patient’s medication use, when prescribed for behaviour modification purposes.

Disability support staff are required to report medication as a restrictive intervention when it has been prescribed:

* without a diagnosis of a disorder of physical or mental health for which the medication is indicated. For example:

**psychotropic medication** prescribed when the patient does not have a mental health diagnosis;

**anti-hypertensive** medication prescribed when the patient does not have the health conditions associated with the risk of hyper-tension. The medication is prescribed for behaviour management purposes because the patient’s heart-rate will lower and has the side-effect of lethargy.

* for **symptomatic treatment** without an underlying diagnosis.
* **‘off-label’**, a drug is prescribed for an indication, a route of administration, or patient group not included in the approved product information document for that drug

Further examples of chemical restraint that may affect your patient include:

* **‘life-script’** prescribing.
* **menstruation suppression**: A disability service considers the woman unable to manage her period and the service uses contraceptive devices to suppress the monthly break.

## Requirements of disability staff in relation to healthcare and behaviour management

The diagram below demonstrates the different planning and reporting responsibilities of disability service providers in relation to:

1. meeting the healthcare of the people they support
2. managing the person’s behaviour.

Physical conditions require a health management plan, which is reviewed 3 monthly and updated within 12 months. Epilepsy plans must be reviewed and updated within 12 months.
Mental health conditions require a mental health management plan, which is reviewed and updated within 12 months. Health management plans, epilepsy plans and mental health management plans must be signed by the treating medical practitioner.
Behaviour management requires a behaviour support plan with monthly reporting to the Senior Practitioner and updated within 12 months.
Mental health and behaviour management requires a mental health management plan and a behaviour support plan. 

\* Mental health diagnosis – not all mental health diagnoses are indications for medication. For example the diagnosis of Autism Spectrum Disorder describes the functional difficulties someone may have in their life but is not, in itself, an indication for medication.

^ Epilepsy management plans have a separate reporting form from other physical condition management plans

# The behaviour support plan must describe how any person who is subjected to restraint and or seclusion will be supported and show that the restrictive interventions used are the least restrictive option and are only being used as a last resort. Medication used to modify behaviour, without a diagnostic indication, is defined as a restrictive practice and requires reporting and the development of a comprehensive behaviour support plan.

For further information about restrictive interventions and practice resources visit [RISET online](http://www.surveygizmo.com/s3/2741253/Has-a-Restrictive-Intervention-Occurred) <http://www.surveygizmo.com/s3/2741253/Has-a-Restrictive-Intervention-Occurred>.

# Medication purpose form

To be completed by the treating practitioner

|  |  |
| --- | --- |
| Date of visit: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person: |  | Date of birth: |  |

|  |  |
| --- | --- |
| Residential address: |  |

|  |  |
| --- | --- |
| Support person attending consult: |  |

|  |  |
| --- | --- |
| Treating practitioner’s name: |  |

|  |  |
| --- | --- |
| Signature: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you the individual’s regular treating practitioner? | Yes |  | No |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| General practitioner |  | Psychiatrist |  | Neurologist |  | Other |  |

|  |  |
| --- | --- |
| Clinic address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has a medication information sheet been provided? | Yes |  | No |  |

**Medication 1**

|  |
| --- |
|  |

**Purpose of medication**

Check appropriate box and provide details

|  |  |
| --- | --- |
| **Physical illness or condition** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Mental health diagnosis** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Behaviour management** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Other** |  |

Specify:

|  |
| --- |
|  |

**Medication 2**

|  |
| --- |
|  |

**Purpose of medication**

Check appropriate box and provide details

|  |  |
| --- | --- |
| **Physical illness or condition** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Mental health diagnosis** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Behaviour management** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Other** |  |

Specify:

|  |
| --- |
|  |

**Medication 3**

|  |
| --- |
|  |

**Purpose of medication**

Check appropriate box and provide details

|  |  |
| --- | --- |
| **Physical illness or condition** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Mental health diagnosis** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Behaviour management** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Other** |  |

Specify:

|  |
| --- |
|  |

**Medication 4**

|  |
| --- |
|  |

**Purpose of medication**

Check appropriate box and provide details

|  |  |
| --- | --- |
| **Physical illness or condition** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Mental health diagnosis** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Behaviour management** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Other** |  |

Specify:

|  |
| --- |
|  |

**Medication 5**

|  |
| --- |
|  |

**Purpose of medication**

Check appropriate box and provide details

|  |  |
| --- | --- |
| **Physical illness or condition** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Mental health diagnosis** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Behaviour management** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Other** |  |

Specify:

|  |
| --- |
|  |

**Medication 6**

|  |
| --- |
|  |

**Purpose of medication**

Check appropriate box and provide details

|  |  |
| --- | --- |
| **Physical illness or condition** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Mental health diagnosis** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Behaviour management** |  |

Specify:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Other** |  |

Specify:

|  |
| --- |
|  |

If you need further information please phone the office on (03) 9096 8427 or [email the Health Integrated Team](mailto:RIquestions@dhhs.vic.gov.au) at <RIquestions@dhhs.vic.gov.au>.

|  |
| --- |
| To receive this publication in an accessible format phone 03 9096 8427, using the National Relay Service 13 36 77 if required, or [email the Health Integrated Team](mailto:RIquestions@dhhs.vic.gov.au) at <RIquestions@dhhs.vic.gov.au>  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health and Human Services August 2018.  Available at the [Office of Professional Practice website](http://www.dhs.vic.gov.au/officeofprofessionalpractice) <http://www.dhs.vic.gov.au/officeofprofessionalpractice>  (1710002) |