NDIS Quality and Safeguards Commission

Provider Guidance

Weekly Reporting of Unauthorised Routine Chemical, Environmental or Mechanical Restraint

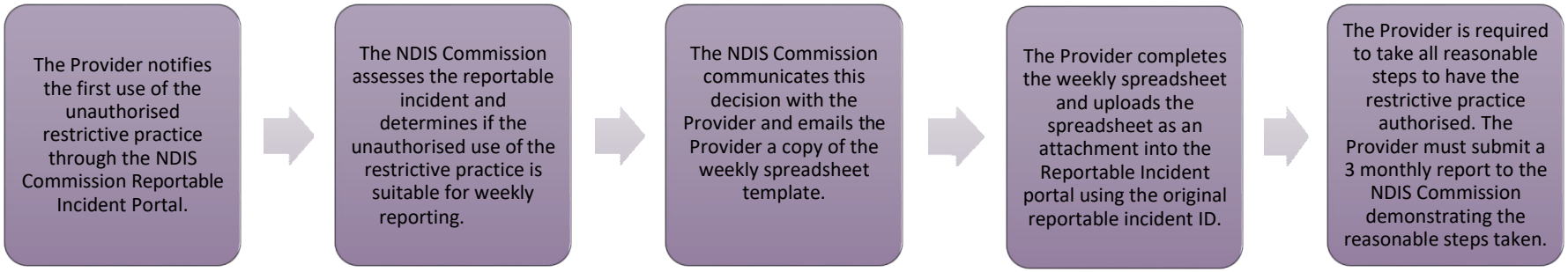
The *National Disability Insurance Scheme (Incident Management and Reportable Incident) Rules* 2018 (the Rules) requires every use of an unauthorised restrictive practice to be notified to the NDIS Quality and Safeguards Commission (NDIS Commission) within 5 business days. For routine unauthorised restrictive practices, this may require providers to report multiple times per day. The NDIS Commission has developed a template that will allow providers to report routine unauthorised restrictive practices in a weekly spreadsheet.

Only the restrictive practice outlined in the NDIS Commission's email to you can be reported through the weekly report process. This weekly report **does not** include:

- Where there is a change in the either the dosage or frequency of routine chemical restraint, or the type of environmental or mechanical restraint used. Any change in the restrictive practice requires a separate notification through the Reportable Incidents Portal.

- **Where the restrictive practice causes harm to a participant. This requires notification through the Reportable Incidents Portal within 24 hours of the key personnel becoming aware of the incident.**

Process



What does the registered NDIS provider need to do:

1. Notify the NDIS Commission of the first use of the unauthorised use of a restrictive practice through the Reportable Incidents Portal. The NDIS Commission will notify the Provider if the unauthorised use of the restrictive practice is suitable for weekly reporting.

2. Use the weekly reporting form to record each use of the restrictive practice. **Attachment A** has further guidance on how to complete the weekly form.

3. Upload the weekly form to the Reportable Incident Portal as an attachment, using the original reportable incident ID. **Attachment B** is a quick reference guide on how to upload the form into the Reportable Incidents Portal.

4. Section 26(1)(f) of the Rules allows the NDIS Commission to take any other action that it considers reasonable in the circumstances. As the restrictive practice is currently unauthorised, the Provider is required to update the NDIS Commission on the steps taken to have a behaviour support plan developed and obtain appropriate authorisation. **Attachment C** is a template that the Provider must complete and upload as an attachment to the Reportable Incidents Portal every 3 months. This update should also be used to advise the NDIS Commission when the restrictive practice is appropriately authorised. Once authorised, the NDIS Commission will close the reportable incident on the Reportable Incident Portal.

Attachment A – Guide to completion of the form

Participants Name	Enter the full name of the participant who is the subject of the restrictive practice.
Participant address	Residential address of participant.
Provider Name	Full name of the registered NDIS provider.
Provider contact details	Primary contact details of the registered NDIS provider.
Name of person making notification	The person identified in the provider's incident management system as the person responsible for notifying incidents to the Commission.
Contact details of notifier	Contact details of notifier.
Type	Is the restrictive practice chemical restraint, environmental restraint or mechanical restraint. **Routine chemical restraint** is defined as 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. **Routine environmental restraint** restricts a person's free access to all parts of their environment, including items or activities. For example, locked pantry, locked sharps. **Routine mechanical restraint** is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes
Details of restrictive practice	Provide detailed description of the restrictive practice. For chemical restraint, include the medication name, dose, route and frequency. For environmental or mechanical restraint, provide a clear description of the restraint, for example, pantry in kitchen is locked between the hours of 10pm and 6am.
Reason for restrictive practice	Outline the reason why the restrictive practice is required.
Date	The date that the chemical restraint was administered or the environmental or mechanical restraint was used.
Time	The time that the chemical restraint was administered. If the environmental or mechanical restraint is implemented 24 hours per day, please record time as "24hour".

Location	The location that the chemical restraint was administered, or the location that the environmental or mechanical restraint was used.
Impact on person with disability	The impact that the routine chemical restraint has on the person with disability, including any side effects. The impact that the environmental or mechanical restraint has on the participant, for example, restricted access to food.
Other immediate action taken	Identify any other actions taken in response to the reportable incident, including actions taken to ensure the health, safety and wellbeing of the participant affected by the incident. This could include monitoring any side effects from medication or seeking medical attention.
Further actions taken	Identify other actions that are proposed in response to the reportable incident. For example, awaiting development of behaviour support plan, awaiting appropriate authorisation or seeking medication review from medical practitioner.
Name and contact details of worker involved	Record the name and contact details of the worker administering the chemical restraint, or implementing the environmental or mechanical restraint.
Name and contact details of any witnesses	Record the name and contact details of any witnesses (if any) to the administration of the chemical restraint, or the implementation of the environmental or mechanical restraint.

Attachment B – Quick Reference Guide

Uploading a Weekly Spreadsheet

Quick Reference Guide – Uploading a Weekly Spreadsheet or 3-monthly update– Routine Chemical, Environmental or Mechanical Restraint

This guide outlines the steps for attaching the weekly reporting spreadsheet and 3-monthly update in the NDIS Reportable Incidents

Portal. Before getting started, some **useful hints and tips** are outlined below:

Tip 1 – Ensure that you have the **right access** to complete the Reportable Incidents form. You will need to be registered as either the **Provider Authorised RI Approver** or the **Provider Authorised RI Notifier**. Please review the Quick reference guide - getting access to NDIS Portal to ensure you understand the responsibilities of each role and how to set up/ change these within your organisation.

Tip 2 – Ensure that you have the correct reportable incident open on screen.

- For further information/ questions, please contact the NDIS Commission Contact Centre on 1800 035 544 or by email: reportableincidents@ndiscommission.gov.au
- To provide feedback on the Portal, please contact the NDIS Commission via riportalfeedback@ndiscommission.gov.au

Attaching Additional Documentation

A Provider may attach the weekly spreadsheet and 3-monthly update in the Reportable incidents Portal. The steps below outline the process for attaching documents.

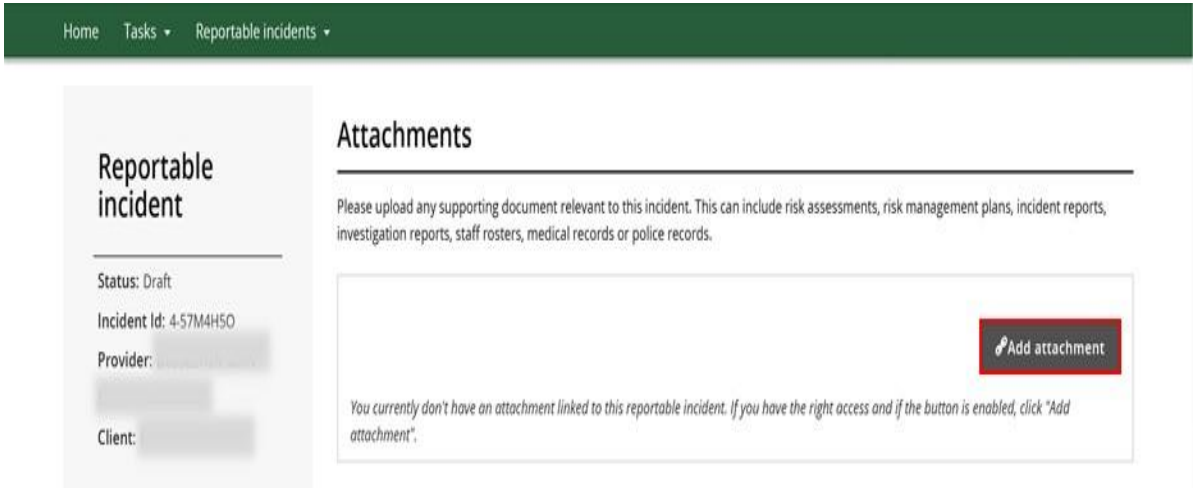
Please note that there is an attachment limit of 10MB per document and any documents attached cannot be removed.

1. Scroll to the bottom of the **Incident Specifics** task bar on the left hand side. Click **Attachments**

Figure 1: Screenshot of My Reportable Incidents page demonstrating Step 1

2. Click **Add Attachment**. Select the relevant file from your computer.

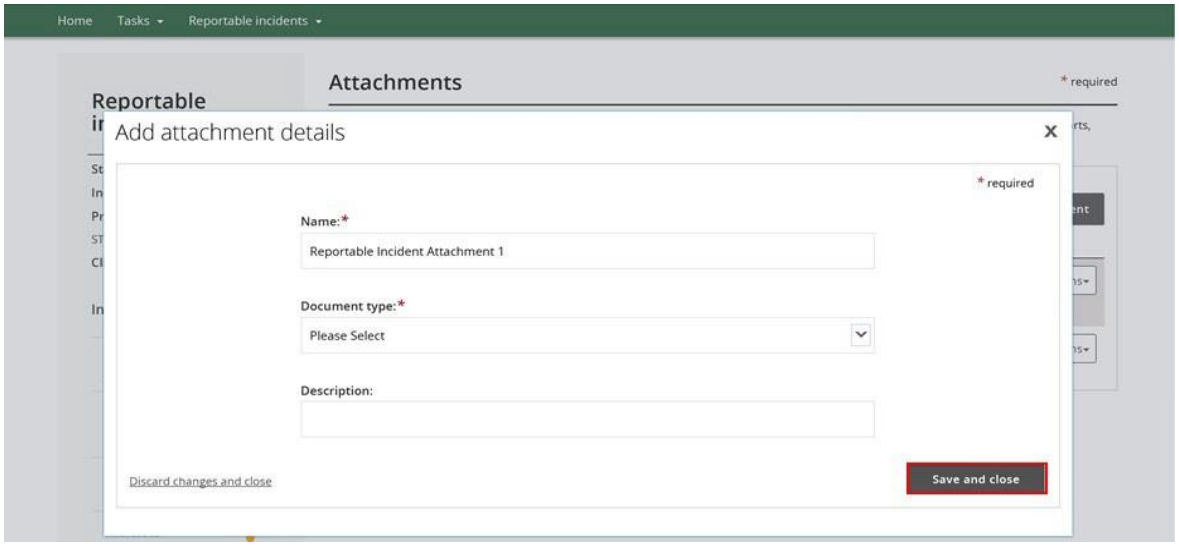
Figure 2: Screenshot of My Reportable Incidents page demonstrating Step 2



3. Type in the relevant **Name** and select the **Document Type** from the drop down menu. Click **Save and Close**.

   The document name must be the date range and the participant's name.

Figure 3: Screenshot of My Reportable Incidents page demonstrating Step 3



Attachment C - 3-monthly update – Unauthorised use of a restrictive practice (routine chemical, environmental or mechanical restraint)

Reportable Incident ID:	**Date:**
Participant name:	**Participant address:**
Provider name:	**Provider contact details:**
Type of restrictive practice: ☐ Environmental ☐ Chemical ☐ Mechanical	
Description of restrictive practice:	
Detail the steps that the registered NDIS provider is taking to obtain appropriate authorisation for the restrictive practice: ***For example, this may include:*** • *Seeking review of medication by appropriate professional.* • *Behaviour support plan currently in development.* • *Documents currently submitted for authorisation.*	