

|  |
| --- |
| Restrictive interventions and compulsory treatment: information for authorised program officers |
| Senior Practitioner-Disability (Disability Act 2006) |

Contents

[Key responsibilities of authorised program officers 1](#_Toc534797834)

[PART 7 restrictive interventions 1](#_Toc534797835)

[PART 8 compulsory treatment 2](#_Toc534797836)

[More information about restrictive interventions 3](#_Toc534797837)

# Key responsibilities of authorised program officers

This document outlines the key responsibilities of authorised program officers as defined by the *Disability Act 2006* (the Act), in relation to the use of restrictive interventions and compulsory treatment. An authorised program officer must ensure that the authorised program officer responsibilities under the Act are administered. The supervised treatment order must state that the authorised program officer is responsible for the implementation of the supervised treatment order section193 (3) (a).

As such the responsibilities of the role as defined in Parts 7 (restrictive interventions) and 8 (compulsory treatment) of the Act must be clearly understood and undertaken by the authorised program officer. This document only provides a checklist and it is recommended that all authorised program officers understand Part 7 and if a person within their service is subject to compulsory treatment they should understand Part 8 of the Act.

New authorised program officers and any interested existing authorised program officers are encouraged to contact the Senior Practitioner Disability on 03 9096 8427 to discuss meeting members from the integrated health care team (who work within Part 7 of the Act), the compulsory treatment team (who work within Part 8 of the Act) and the research and service development team who can go through the Restrictive Intervention Data System (RIDS) responsibilities.

**The authorised program officers must:**

* have been appointed by the disability service provider
* once appointed, advise the Senior Practitioner Disability of their name and qualifications within 5 working days from the appointment via RIDS.

## PART 7 restrictive interventions

1. Ensure a behaviour support plan is developed or reviewed if restraint or seclusion is proposed and only approve restraint or seclusion if all requirements of the Act are met.
2. Apply for approval to use restrictive interventions via RIDS.
3. Ensure the behaviour support plan is authorised at least two working days before using restraint or seclusion.
4. Notify the person with a disability in writing 48 hrs before using the restraint or seclusion.
5. Ensure an independent person is available to explain the behaviour support plan to the person with a disability.
6. Report the use of all restraint and seclusion through RIDS as follows:
   * + - * Routine (for example, every day by the end of the month before the 7th day of the next month);
         * *pro re nata* (PRN) (when used before the 7th day of the next month);
         * Emergency (when used before the 7th day of the next month);
         * When the person leaves the service, cancel access via RIDS.
7. Maintain behaviour support plans in RIDS by lodging a new behaviour support plan every 12 months or earlier if specified.

If a person no longer requires restraint and seclusion, the [Office of Professional Practice should be notified via email](mailto:officeofprofessionalpractice@dhhs.vic.gov.au) <officeofprofessionalpractice@dhhs.vic.gov.au>.

## PART 8 compulsory treatment

The authorised program officers is responsible for the implementation of the supervised treatment order section 193 (3)(a).

1. The authorised program officer makes an application to the Victorian Civil and Administrative Tribunal (VCAT) for a supervised treatment order or for review of the treatment plan if the person is subject to a Residential Treatment Order at the Disability Forensic Assessment and Treatment Service (DFATS).
2. An authorised program officer may apply to VCAT for a supervised treatment order for a person:
   * + - * who has an intellectual disability;
         * who is receiving residential services;
         * in respect of whom the disability service provider has prepared a treatment plan approved by the Senior Practitioner;
         * who meets the criteria specified in subsection 191(6).
3. Prior to the VCAT hearing, the Senior Practitioner Disability will review and approve the treatment plan and provide a treatment plan certificate. The authorised program officer should review the directions in the certificate and update the treatment plan, if required.
4. Notify the Public Advocate when an application for a supervised treatment order is made, as well as the person with a disability for whom the application is made.
5. Lodge an e-treatment plan to RIDS at least 28 days prior to the expiration of the order or the next scheduled VCAT hearing, attaching all assessments used to inform the plan, including a recent risk assessment.

A *Treatment plan guide* is available from the compulsory treatment team.

1. A VCAT hearing will be scheduled. Support the person to access legal representation and provide copies of all supporting documentation to the legal representative as soon as possible.
2. The authorised program officer should attend and be prepared to go through the content of the proposed treatment plan and the criteria below (Appendix A of the treatment plan) to evidence how the person meets the criteria.
3. Section 191 (6) VCAT can only make a supervised treatment order if it is satisfied that:
   * + 1. The person has previously exhibited a pattern of violent or dangerous behaviour causing serious harm to another person or exposing another person to a significant risk of serious harm;
       2. There is a significant risk of serious harm to another person which cannot be substantially reduced by using less restrictive means;
       3. The services to be provided to the person in accordance with the treatment plan will be of benefit to the person and substantially reduce the significant risk of serious harm to another person;
       4. The person is unable or unwilling to consent to voluntarily complying with a treatment plan to substantially reduce the significant risk of serious harm to another person;
       5. It is necessary to detain the person to ensure compliance with the treatment plan and prevent a significant risk of serious harm to another person.
4. Once an order is made at VCAT, an Implementation Report is required to be provided to the Senior Practitioner Disability via RIDS at least every six months. The exact dates will be specified in the treatment plan certificate provided by the Senior Practitioner Disability. An *Implementation report practice guide* is available from the compulsory treatment team.
5. Once an order has been made by VCAT, any changes to the plan will require approval. For a decrease in restrictions, a material change application via email to the Senior Practitioner Disability is required detailing the context and circumstances of how restraint is being used:
   * + 1. For an increase in restriction outside of that specified in the treatment plan, a material change application needs to be made to VCAT;
       2. In the event that restraint or seclusion has been used in an emergency, the authorised program officer must email the Senior Practitioner Disability within 2 working days detailing the circumstances relating to the use of emergency restraint or seclusion. The Senior Practitioner Disability will review the information and if an increase in restriction has been used outside of that specified in the treatment plan, the Senior Practitioner Disability will apply to VCAT for a review of the treatment plan. If the authorised program officer delays reporting to the Senior Practitioner Disability in applying for emergency approval of restraint or seclusion beyond two working days, the Senior Practitioner Disability will not be able to approve this and will request the authorised program officer to apply to VCAT for a review.

For further information regarding compulsory treatment, contact the Senior Practitioner Disability on 03 9096 8427.

# More information about restrictive interventions

For definitions of chemical restraint, mechanical restraint, seclusion and physical restraint see the Restrictive Intervention Self Evaluation Tool [RISET](http://www.surveygizmo.com/s3/2741253/Has-a-Restrictive-Intervention-Occurred) <http://www.surveygizmo.com/s3/2741253/Has-a-Restrictive-Intervention-Occurred>.

It is important to note that The *Physical restraint direction paper – May, 2011* states that the use of physical restraint is considered as an ‘other restrictive intervention’ under s.150 of *the Act.* Disability service providers are prohibited from using physical restraint in the course of providing a disability service, except as permitted under the *Physical restraint direction* paper.

|  |
| --- |
| To receive this publication in an accessible format phone 9096 8427, using the National Relay Service 13 36 77 if required, or [email Office of Professional Practice](mailto:email Office of Professional Practice) <officeofprofessionalpractice@dhhs.vic.gov.au>  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Department of Health and Human Services, January 2019.  Available at [Authorised program officer practice advice](https://dhhs.vic.gov.au/publications/authorised-program-officer-practice-advice) <https://dhhs.vic.gov.au/publications/authorised-program-officer-practice-advice> |