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| Reducing restrictive interventions: red flags for authorised program officers |
| Senior Practitioner-Disability (Disability Act 2006) |

# Reducing restrictive interventions: red flags

The authorised program officer has a key role in helping to chart a successful path towards the reduction of the use of restrictive interventions by keeping an eye out for red flags and helping support the team review progress of behaviour support plans.

Emergency reporting

**An example of a true emergency is:**

* When a person with a disability:
	+ - Does not have a behaviour support plan (BSP) authorised by the authorised program officer or
		- A particular restraint or seclusion is not included in their authorised BSP and
			* The disability service provider believes that there is an emergency because of imminent risk to the person or others and it is necessary to use restraint or seclusion to prevent that risk, then the disability service provider may use restraint or seclusion as an emergency (*Disability Act s.147*).

**Emergency reporting that is NOT a true emergency:**

* When a person’s BSP has expired and a revised BSP has not been authorised in the Restrictive Intervention Data System (RIDS). In this case a new BSP needs to be authorised.
	+ When a new restraint has been added for a person, but this has not been included in the BSP.

In this case the new restraint needs to be added to the person’s BSP and the change authorised by the authorised program officer.

**Bottom line:**

* Emergency approvals should be reviewed by the **authorised program officer** at the point of approval.
* When emergency reporting continues beyond a month, this is a red flag that requires attention and action for the **authorised program officer** to resolve.

## Red FlagIncrease in *pro re nata* (PRN) reporting

**Increases in the use of PRN is a red flag that something is not working well for the person with a disability.**

* The team should know what is not working and what needs to change.
* If the team doesn’t understand why behaviour is escalating, they need to:
	+ - look at what has changed recently in person’s environment
		- complete an ABC or Starr chart and
		- refer to a behaviour support practitioner for a reassessment.

**Changes in interventions need to go into a BSP, so all staff know how best to support the person.**

## Red FlagReviews

**APOs are given 120 days notice that a BSP is lapsing and will need to be reviewed**

There are several things about reviews, they take time and the support staff generally need guidance in what and how to review, so it’s best to plan ahead.

**ABCs of a good review:**

**A –** Are there any unexplained emergencies or increases in PRN reporting?

**B –** BSP: What needs to change to make it work better?

* + - 1. Reflect on the goals of the BSP, were they met? Does the team need help to write goals?
			2. Does the person need a new Functional Behaviour Assessment?
			3. Is there a good replacement behaviour in the BSP that might reduce the person’s need to use behaviours of concern?
			4. Has a Behaviour Support Plan Quality Evaluation (BSP-QE II) review been completed by the Senior Practitioner?

**C –** Challenges for the staff: What support does the team need in order to provide good quality support?

## APOs can run reports in RIDS to identify PRN and emergency reporting

**Steps on how to run a report in RIDS for PRN and emergency reporting**

* 1. Log into RIDS
	2. Select Reporting>>Standard Reports and Select your Organisation type reports (CSO Reports or DHHS Reports)
	3. Select one of the following ‘**Repeated Administration of Emergency and/or PRN RI’, ‘Emergency reporting that is potentially routine without an e-BSP’ or ‘Emergency/PRN in Consecutive Months’**.
	4. From the parameter drop downs select what you require in the report (period of report, emergency and PRN, people or transactions, service settings)
	5. Click on **View report** option to run report.

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