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| Medication purpose form |
| Senior Practitioner – Disability  Office of Professional Practice  August 2017 |

# Disability Act 2006 legislation requirements relating to medication administration

## Information for medical practitioners

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

Disability service providers will sometimes require medical advice to understand whether a medication is a treatment or a form of behaviour management.

The attached form should be completed by the medical practitioner when requested by the disability service provider. It is to be used to support a current treatment sheet, it is not to replace it or any other reporting requirements.

## 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 (chemical restraint) as they are being used to restrict the rights or freedom of movement of a person with a disability.

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’ .

Medications are regarded as a chemical restraint (restrictive intervention) if they are being used to change or modify someone’s behaviour and are prescribed:

* without a diagnosis of a disorder of physical or mental health for which the medication is indicated
* ‘off-label’, that is 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
* for symptomatic treatment without an underlying diagnosis related indication.

**Please note, it is not the medical practitioner’s responsibility to state whether a medication is chemical restraint only to explain what the medication is prescribed for.**

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| Reflection – if you are treating a person with a physical and/or mental illness and behaviours of concern consider their treatment regime. Would you change it if there were no behaviours of concern? If so the medication may be a restrictive intervention. |

## 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 requirements of the people they support
2. managing the person’s behaviour.

The figure shows the documentation type and review and reporting requirements for four types of medication purposes: physical condition; mental health; behaviour management; and for both mental health and behaviour management. The first footnote following the figure provides further information about a mental health diagnosis.
For a physical condition, the documentation type may be either a health management plan or an epilepsy plan. The second footnote following the figure provides further information about epilepsy management plans.
A health management plan must be reviewed 3 monthly; updated within 12 months; and signed by treating medical practitioner annually.
An epilepsy plan must be reviewed and updated within 12 months; and signed by treating medical practitioner.
For mental health, the documentation type is a mental health management plan, which must be reviewed and updated within 12 months; and signed by treating medical practitioner.
For behaviour management, the documentation type is a behaviour support plan, which requires monthly reporting to the Senior Practitioner and must be updated within 12 months. The third footnote following the figure provides further information about behaviour support plans.
Where the medication purpose is for both mental health and behaviour management, both of the respective plans are required, and the respective review and reporting requirements apply separately to each plan.
Colour highlighting within the figure shows that a behaviour support plan and monthly reporting to the Senior Practitioner are required when the medication purpose is for behaviour management or for both mental health and behaviour management.

\* 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>.

We would like to acknowledge the contribution of the Centre for Developmental Disability Health Victoria.

# Medication purpose form

To be completed by the treating practitioner

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

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

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

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| General practitioner |  | Psychiatrist |  | Neurologist |  |
| OR Specify: |  | | | | |

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

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

**Medication 1**

|  |
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**Purpose of medication**

Check appropriate box and provide details

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

Specify:

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

Specify:

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

Specify:

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

Specify:

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**Medication 2**

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**Purpose of medication**

Check appropriate box and provide details

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

Specify:

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

Specify:

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

Specify:

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

Specify:

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**Medication 3**

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**Purpose of medication**

Check appropriate box and provide details

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

Specify:

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

Specify:

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

Specify:

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| **Other** |  |

Specify:

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**Medication 4**

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**Purpose of medication**

Check appropriate box and provide details

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

Specify:

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

Specify:

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

Specify:

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| **Other** |  |

Specify:

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**Medication 5**

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**Purpose of medication**

Check appropriate box and provide details

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

Specify:

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| **Mental health diagnosis** |  |

Specify:

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| **Behaviour management** |  |

Specify:

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| **Other** |  |

Specify:

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**Medication 6**

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**Purpose of medication**

Check appropriate box and provide details

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

Specify:

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

Specify:

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

Specify:

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

Specify:

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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>.

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