1 lines - 200 Removals

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{'restrictive_intervention': {'Are you proposed to use restrictive interventions?': ('Yes',), 'Restrictive intervention': ("['Chemical', 'Mechanical', 'Seclusion']",)}, 'chemical_restraint': {'medications': (('Risperidone', '3mg morning \nand evening', 'Routine', 'Tablet', 'Orally', 'Neuropsychiatrist'),), 'Positive behavioural support strategies to be used before the PRN use of the medication': 'Not required as this medication is to be used on a routine basis', 'Circumstance(s) in which the medication(s) will be used': 'Taylor is prescribed fixed dose Risperidone 6mg [3mg b.d.] by his Neuropsychiatrist Dr Kelp. Taylor's Risperidone \naids in reducing the intensity of serious incidents, whilst the proactive measures in this plan are being \nimplemented.', 'Procedure for administering the medication(s), including observation and monitoring of side-effects': 'The Risperidone is pre-packed by the pharmacist in a Webster Pack and is checked and signed for by staff when \ncollected. The administration of Risperidone is immediately recorded on Taylor's medication chart, signed by staff \nmember administering and countersigned by next staff member on shift [confirming medication has been \nremoved from the Webster Pack].T\n T\n T\n T\nAny issues arising regarding side effects or missed medication will necessitate the following immediate actions: \n• \nContact the General Practitioner; or Poisons Information Centre 13 11 26; then \n• \nContact the House Coordinator or On-call Coordinator; then \n• \nComplete and fax an Error in Medication form to the Service Manager. \naylor will be safeguarded from abuse, neglect and exploitation by accurate and efficient monitoring and \nevaluation, followed by rigorous and timely information sharing and feedback. \naylor's medication will be monitored and evaluated as follows: \n• \nDaily monitoring by Support Staff; monthly monitoring by Dr Smythe; quarterly evaluation by Dr Kelp; \nquarterly information provision to family [Tim and Jason], Service Manager and Dee Yarrs by the House \nCoordinator. \naylor is monitored closely for any side effects by his support staff and is provided with a nutritious and varied diet \nand drinks plenty of water. No other medications are introduced to Taylor without prior approval from his \nNeuropsychiatrist Dr Kelp and General Practitioner Dr Smythe. \naylor has monthly general health checks with his General Practitioner Dr Smythe as additional monitoring for side \neffects.', 'How will chemical restraint be gradually reduced as behavioural goals are achieved by the person?': 'It is anticipated that once Taylor is able to independently use the replacement behaviour (ie sign 'next') that \nreduction in chemical restraint will be clinically indicated.', 'Why is the use of this medication the least restrictive way of ensuring the safety of the person and/or others?': 'The routine use of Risperidone is being undertaken to reduce the intensity of Taylor's incidents of behaviour that \ncauses harm to self or others, during the implementation of the behavioural strategies listed in this plan. By \nreducing the intensity of Taylor's behaviour it also aids in avoiding the use of highly intrusive forms of restriction
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25 lines + 207 Additions

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'Are you proposed to use restrictive interventions?':'Yes','Restrictive intervention': ['Chemical','Mechanical','Seclusion'],'Medication(s) that will be used (e.g., name, dosage, frequency, administration, route, prescriber)': '{'name':'Risperidone','Dosage ':'3mg morning and evening','Frequency':'Routine','Administration':'Tablet','Route':'Orally''Prescriber':'Neuropsychiatrist'}','Positive behavioural support strategies to be used before the PRN use of the medication':'Not required as this medication is to be used on a routine basis','Circumstance(s) in which the medication(s) will be used': 'Taylor is prescribed fixed dose Risperidone 6mg [3mg b.d.] by his Neuropsychiatrist Dr Kelp. Taylor's Risperidone aids in reducing the intensity of serious incidents, whilst the proactive measures in this plan are being implemented.','Procedure for administering the medication(s), including observation and monitoring of side-effects':'The Risperidone is pre-packed by the pharmacist in a Webster Pack and is checked and signed for by staff when collected. The administration of Risperidone is immediately recorded on Taylor's medication chart, signed by staff member administering and countersigned by next staff member on shift [confirming medication has been removed from the Webster Pack].Any issues arising regarding side effects or missed medication will necessitate the following immediate actions: • Contact the General Practitioner; or Poisons Information Centre 13 11 26; then • Contact the House Coordinator or On-call Coordinator; then • Complete and fax an Error in Medication form to the Service Manager.Taylor will be safeguarded from abuse, neglect and exploitation by accurate and efficient monitoring and evaluation, followed by rigorous and timely information sharing and feedback. Taylor's medication will be monitored and evaluated as follows: • Daily monitoring by Support Staff; monthly monitoring by Dr Smythe; quarterly evaluation by Dr Kelp; quarterly information provision to family [Tim and Jason], Service Manager and Dee Yarrs by the House Coordinator.Taylor is monitored closely for any side effects by his support staff and is provided with a nutritious and varied diet and drinks plenty of water. No other medications are introduced to Taylor without prior approval from his Neuropsychiatrist Dr Kelp and General Practitioner Dr Smythe. Taylor has monthly general health checks with his General Practitioner Dr Smythe as additional monitoring for side effects.','How will chemical restraint be gradually reduced as behavioural goals are achieved by the person?':'It is anticipated that once Taylor is able to independently use the replacement behaviour (ie sign 'next') that reduction in chemical restraint will be clinically indicated.','Why is the use of this medication the least restrictive way of ensuring the safety of the person and/or others?':'The routine use of Risperidone is being undertaken to reduce the intensity of Taylor's incidents of behaviour that causes harm to self or others, during the implementation of the behavioural strategies listed in this plan. By reducing the intensity of Taylor's behaviour it also aids in avoiding the use of highly intrusive forms of restriction such as physical restraint. In combination with the strategies outli
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\nsuch as physical restraint. In combination with the str ategies outlined in this plan, the use of chemical restra int \nRisperidone is the least restrictive alternative to support Taylor.', 'How did you assess the acceptability o f this practice?': 'Going through the plan with relevant stakeholders, \nallowing them to ask questions and takin g into account \nall feedback provided in the final versi on of this plan.', 'Who did you consult with to assess th is?': 'Parents, guardians and support staff', 'Authorisat ion for the use of restrictive practices': {'Authorising body': 'Authorised Program Officer, MV Services', 'Appro val period': '12 months from June 1, 2022'}}, 'physical': {'Description of the restraint(s) to be used': '', 'Posit ive behavioural support strategies to be used before the use of the restraint': '', 'Circumstance(s) in which the restraint will be used': '', 'Procedure for using the res traint, including observation, monitoring and maximum tim e period': '', 'How will the restraint be gradually reduc ed as behavioural goals are achieved by the person?': '', 'Why is the use of this restraint the least restrictive w ay of ensuring the safety of the person and/or others?': '', 'How did you assess the acceptability of this practi ce?': '', 'Who did you consult with to assess this?': '', 'Authorisation for the use of restrictive practices': {'A uthorising body': '', 'Approval period': ''}}, 'mechanica l': {'Description of the restraint(s) to be used': 'Headg ear', 'Frequency of use': 'Routine use', 'Positive behavi oural support strategies to be used before the as needed use of the restraint': 'Taylor routinely wears his headg ear for 18 hours per day. As such, there are no positive strategies which precede \neach episode of him placing it on each morning.', 'Circumstance(s) in which the restrain t will be used': 'Consistent with the recommendation of D r Kelp, Neuropsychiatrist, Taylor is to wear his protecti ve headgear \nduring waking hours', 'Procedure for using the restraint, including observation, monitoring and max imum time period': 'U\n F\n T\n T\nHe will wear the he adgear for 18 hours continuous with removal for showering and retiring to bed. \npon rising, Taylor is to be invite d to assist staff to put his headgear on, staff are to en sure it is securely fitted with \nno hair caught in the b ack laces and both chin straps secured without pinching a ny skin. Upon retiring or having a \nshower, staff are t o invite Taylor to help them take his headgear off. \nol lowing hitting head behaviour, when safe to do so and Tay lor is happy for you to approach, staff to inspect \nTayl or’s headgear to ensure it is securely fitted and not pul ling any hair or pinching any skin. \naylor’s protective headgear is to be cleaned with sanitising wipes and inspe cted nightly after Taylor goes to bed \nfor any signs of wear and tear to the padding, internal and external soft surfaces, back laces and double chin strap. \nAny identi fied concerns are to be recorded on Taylor’s headgear mai ntenance form and the House Coordinator or \nOn-call Coor dinator to be contacted immediately. \naylor will be safe guarded from abuse, neglect and exploitation by accurate and efficient monitoring and \nevaluation, followed by r igorous and timely information sharing and feedback. Tay lor’s Restrictive Practices will \nbe monitored and evalu ated as follows: \n• \nReported per incident, daily monit oring by Support Staff; monthly monitoring by the House C oordinator; \nmonthly information provision to family [Ti m and Jason], the Service Manager and the Behaviour Suppo rt \nSpecialist by the House Coordinator, annual reviews by his Neuropsychiatrist.', 'How do you know this restra

ned in this plan, the use of chemical restraint Risperidon e is the least restrictive alternative to support Taylo r.','Social validity of the restrictive practice':{'How di d you assess the acceptability of this practice? ':'Going through the plan with relevant stakeholders, allowing the m to ask questions and taking into account all feedback pr ovided in the final version of this plan.','Who did you co nsult with to assess this?': 'Parents, guardians and suppo rt staff'},'Authorisation for the use of restrictive pract ices':{'Authorising body':'Authorised Program Officer, MV Services','Approval period':'12 months from June 1, 202 2'},'Description of the restraint(s) to be used':'','Posit ive behavioural support strategies to be used before the u se of the restraint':'','Circumstance(s) in which the rest raint will be used':'','Procedure for using the restraint, including observation, monitoring and maximum time perio d':'','How will the restraint be gradually reduced as beha vioural goals are achieved by the person?':'','Why is the use of this restraint the least restrictive way of ensuri ng the safety of the person and/or others?':'','Social val idity of the restrictive practice':{'How did you assess th e acceptability of this practice? ':'','Who did you consul t with to assess this?':''},'Authorisation for the use of restrictive practice':{'Authorising body':'','Approval pe riod':''},'Description of the restraint(s) to be used':'He adgear','Frequency of use':'Routine use','Positive behavio ural support strategies to be used before the as needed us e of the restraint':'Taylor routinely wears his headgear f or 18 hours per day. As such, there are no positive strate gies which precede each episode of him placing it on each morning.','Circumstance(s) in which the restraint will be used':'Consistent with the recommendation of Dr Kelp, Neur opsychiatrist, Taylor is to wear his protective headgear d uring waking hours','Procedure for using the restraint, in cluding observation, monitoring and maximum time perio d':'He will wear the headgear for 18 hours continuous with removal for showering and retiring to bed.Upon rising, Tay lor is to be invited to assist staff to put his headgear o n, staff are to ensure it is securely fitted with no hair caught in the back laces and both chin straps secured wit hout pinching any skin. Upon retiring or having a shower, staff are to invite Taylor to help them take his headgear off. Following hitting head behaviour, when safe to do so and Taylor is happy for you to approach, staff to inspect Taylor’s headgear to ensure it is securely fitted and not pulling any hair or pinching any skin. Taylor’s protectiv e headgear is to be cleaned with sanitising wipes and insp ected nightly after Taylor goes to bed for any signs of we ar and tear to the padding, internal and external soft sur faces, back laces and double chin strap. Any identified co ncerns are to be recorded on Taylor’s headgear maintenance form and the House Coordinator or On-call Coordinator to b e contacted immediately.Taylor will be safeguarded from ab use, neglect and exploitation by accurate and efficient mo nitoring and evaluation, followed by rigorous and timely i nformation sharing and feedback. Taylor’s Restrictive Prac tices will be monitored and evaluated as follows:• Reporte d per incident, daily monitoring by Support Staff; monthly monitoring by the House Coordinator; monthly information p rovision to family [Tim and Jason], the Service Manager an d the Behaviour Support Specialist by the House Coordinato r, annual reviews by his Neuropsychiatrist.','How do you k now this restraint is safe to use?':'A safety assessment w as undertaken by Taylor’s occupational therapist, who conf irmed that the headgear was safe to use for 18 hours conti

int is safe to use?': 'A safety assessment was undertaken by Taylor’s occupational therapist, who confirmed that th e headgear was \nsafe to use for 18 hours continuous wea r.', 'How will the restraint be gradually reduced as beha vioural goals are achieved by the person?': 'The continue d use and need for the mechanical restraint will be impac ted directly by the strategies listed in this \nplan. It is anticipated that once Taylor is able to independently use the replacement behaviour (ie sign ‘next’) \nthere w ill be a reduction in his head hitting behaviours and tha t the use of the mechanical restraint can be \nreviewed f or reduction in use.', 'Why is the use of this practice t he least restrictive way of ensuring the safety of the pe rson and/or others?': 'Taylors’ hitting head behaviour to solid objects and or staff is of such intensity that he h as suffered diffuse \nTraumatic Brain Injury [TBI] with o ngoing contusions, hematomas, lacerations and nerve damag e resulting in \ncommunication and cognitive impairment. Due to the significant frequency, intensity and duration of Taylors \nbehaviour that causes harm to self or other s, and following professional advice from Dr Kelp, Neurop sychiatrist, \nTaylor wears protective headgear during wa king hours. This is an interim measure which is vital to keep Taylor \nsafe and reduce possible injury whilst he l earns the replacement behaviour.', 'How did you assess th e acceptability of this practice?': 'Going through the pl an with relevant stakeholders, \nallowing them to ask que stions and taking into account \nall feedback provided in the final version of this plan.', 'Who did you consult wi th to assess this?': 'Parents, guardians and support staf f', 'Authorisation for the use of restrictive practices': {'Authorising body': 'Authorised Program Officer, MV Serv ices', 'Approval period': '12 months from June 1, 202 2'}}, 'environmental': {'Description of the restraint(s) to be used': '', 'Frequency of use': '', 'Positive behav ioural support strategies to be used before the as needed use of the restraint': '', 'Circumstance(s) in which the restraint will be used': '', 'What is the person with di sability prevented from accessing?': '', 'Procedure for u sing the restraint, including observation and monitorin g': '', 'Will other people be impacted by the use of this restraint?': 'Yes', 'If YES, how will impact on others be minimised?': '', 'H\now will the restraint be gradually r educed as behavioural goals are achieved by the person?': '', 'Why is the use of this practice the least restrictiv e way of ensuring the safety of the person and/or other s?': '', 'How did you assess the acceptability of this pr actice?': '', 'Who did you consult with to assess this?': '', 'Authorisation for the use of restrictive practices': {'Authorising body': '', 'Approval period': ''}}, 'seclus ion': {'Frequency of use': '', 'Positive behavioural supp ort strategies to be used before the as needed use of sec lusion': 'I\nThe continued use and need for the use of se clusion will be impacted directly by the application of s trategies listed \nin this plan. It is anticipated that once Taylor is able to independently use the replacement behaviour (ie sign \n‘next’) that reduction in seclusion will be clinically indicated. \nIn the interim; \n1. When Taylor is unsure of what is happening next he may sh ow signs that indicate that he is about to \nengage in th e behaviours that cause harm to himself or others. These early behaviours are; \na. \nDeep, low vocalisations [h umming progresses to grunting] and pacing [3 fast steps b ack and forth]; \nb. \nRuns towards staff, wide eyes and hands fisted at sides, stiff body; \nf Taylor begins to nuous wear.','How will the restraint be gradually reduced as behavioural goals are achieved by the person?':'The co ntinued use and need for the mechanical restraint will be impacted directly by the strategies listed in this plan. It is anticipated that once Taylor is able to independent ly use the replacement behaviour (ie sign ‘next’) there wi ll be a reduction in his head hitting behaviours and that the use of the mechanical restraint can be reviewed for r eduction in use.','Why is the use of this practice the lea st restrictive way of ensuring the safety of the person an d/or others?':'Taylors’ hitting head behaviour to solid ob jects and or staff is of such intensity that he has suffer ed diffuse Traumatic Brain Injury [TBI] with ongoing contu sions, hematomas, lacerations and nerve damage resulting i n communication and cognitive impairment. Due to the signi ficant frequency, intensity and duration of Taylors behavi our that causes harm to self or others, and following prof essional advice from Dr Kelp, Neuropsychiatrist, Taylor we ars protective headgear during waking hours. This is an in terim measure which is vital to keep Taylor safe and reduc e possible injury whilst he learns the replacement behavio ur.','Social validity of the practice':{'How did you asses s the acceptability of this practice?':'Going through the plan with relevant stakeholders, allowing them to ask que stions and taking into account all feedback provided in th e final version of this plan.','Who did you consult with t o assess this?':'Parents, guardians and support staf f',},'Authorisation for the use of restrictive practices': {'Authorising body':'Authorised Program Officer, MV Servic es','Approval period':'12 months from June 1, 2022'},'Desc ription of the restraint(s) to be used':'','Frequency of u se':['Routine use','As needed'],'Positive behavioural supp ort strategies to be used before the as needed use of the restraint':'','Circumstance(s) in which the restraint will be used':'','What is the person with disability prevented from accessing?':'','Procedure for using the restraint, i ncluding observation and monitoring ':'','Will other peopl e be impacted by the use of this restraint?':['Yes','N o'],'If YES, how will impact on others be minimised?': '','How will the restraint be gradually reduced as behavio ural goals are achieved by the person?': '','Why is the us e of this practice the least restrictive way of ensuring t he safety of the person and/or others?': '','Social validi ty of the practice': ['How did you assess the acceptabilit y of this practice? ','Who did you consult with to assess this?'],'Authorisation for the use of the practices':['Aut horising body','Approval period'],'Frequency of use':['Rou tine use','As needed'],'Positive behavioural support strat egies to be used before the as needed use of seclusion':'T he continued use and need for the use of seclusion will be impacted directly by the application of strategies listed in this plan. It is anticipated that once Taylor is able t o independently use the replacement behaviour (ie sign ‘ne xt’) that reduction in seclusion will be clinically indica ted. In the interim; 1. When Taylor is unsure of what is h appening next he may show signs that indicate that he is a bout to engage in the behaviours that cause harm to himsel f or others. These early behaviours are; a. Deep, low voca lisations [humming progresses to grunting] and pacing [3 f ast steps back and forth]; b. Runs towards staff, wide eye s and hands fisted at sides, stiff body; If Taylor begins to engage in this behaviour immediately use speech and si gn to him what is happening next and encourage Taylor to u se his “next” sign; 2. If Taylor’s behaviour escalates and he begins to use the behaviours that cause harm to self or

engage in this behaviour immediately use speech and sign to him what is happening next and \nencourage Taylor to use his “next” sign; \n \n2. \nIf Taylor’s behaviour escalates and he begins to use the behaviours that cause harm to self or others (Full \nbody slam and hitting head on staff) \no \nEnsure the safety of Taylor by using speech and signing what is happening next and that staff are \nthere to help him, whilst moving any items on the floor out of Taylor’s direct path; \no \nIf Taylor continues to escalate, ensure the safety of all by telling other people in the room to leave \nimmediately, keeping Taylor in your line of sight, position your back to the door and continue to \nuse speech and sign what is happening next and that staff are there to help him;', 'Circumstance(s) in which seclusion will be used': 'Seclusion is only to be used when the safety of staff or others is at risk due to Taylor attempting to hit them with \nhis head. \n1. \nTaylor is only to be secluded within his own residential property, by removing all other persons from his \nspace and restricting his free exit from the rear section of the building or \n2. \nPreventing access to staff, co-tenants and others locked in the staff room. A demonstration of why use of \nseclusion is the least restrictive way of ensuring the safety', 'The maximum frequency of seclusion per day, week and/or month; and for how long (minutes/hours)': 'Taylor usually settles within 10 minutes of any incident of behaviour that causes harm to self or others. Seclusion \nmay be used for a maximum of 15 minutes at the discretion of support staff. Seclusion will not occur more than \ntwice per day, or 60 times per month.', 'Procedure for using seclusion, including observation and monitoring': '1. \nRedirect Taylor to the rear of the building;T\na. \nLock the hallway door maintaining Taylor’s access to the toilet and bathroom, but limiting access \nto the front of the house b. Taylor is to be the only person in the rear of the building; \n2. \nIf unable to redirect Taylor to the rear of the property: a. all staff, co-tenants and others in the home are \nto proceed directly to the staff room and lock the door; \n3. \nStaff are to ensure they remain in the closest position possible to the locked door, either the hall door or \nthe staffroom door, and listening for cessation of banging sounds. \n4. \nAfter nil banging sounds can be heard by staff for a period of 60 seconds: \na. \nStaff to speak to Taylor through the locked door, asking if he is OK; \nb. When Taylor responds with his “yes” sound, staff are to ask Taylor “can I come in”; \nc. When Taylor responds with his “yes” sound staff to unlock and slowly open the door, identifying \nwhere Taylor is in the room; \nd. \nStaff are to stand close to the door way with a relaxed posture and body language and provide \nverbal support to Taylor, asking again if he is OK and if he would like a drink of water; \ne. When Taylor responds with his “yes” sound, a nod or sign for “good” staff to let Taylor know they \nwill get him a glass of water and do so; \nf. When staff return to Taylor, they are to let Taylor know that everything is OK, that they are there \nto help him; \ng. When Taylor is exhibiting nil precursor or behaviour that causes harm to self or others, has a \nrelaxed posture and body language offer to help Taylor. Check his headgear to make sure it is \nsecurely fitted and not pinching any skin or pulling any hair. \nReporting: \n• \nEach use of seclusion is reported as soon as practical [verbally within 3 hours, formally within 24 hours] to \nthe House Coordinator or On-call Coordinator. \n• \nRecord all use of seclusion on Taylor’s Restrictive Practice Reporting Form; and \n• Complete a Behaviour Incident Report Form.Taylor will be safeguarded from abuse, neglect and exploitation by accurate and efficient monitoring and evaluation, followed by rigorous and timely information sharing and feedback. The use of seclusion will be monitored and evaluated as follows: \n• \nReported per use by Support Staff; weekly monitoring and monthly

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ll use of seclusion on Taylor’s Restrictive Practice Repo
rting Form; and  \n• \nComplete a Behaviour Incident Repo
rt Form. \naylor will be safeguarded from abuse, neglect
 and exploitation by accurate and efficient monitoring an
d \nevaluation, followed by rigorous and timely informati
on sharing and feedback.  The use of seclusion will be \n
monitored and evaluated as follows:  \n• \n• Reported per
use by Support Staff; weekly monitoring and monthly evalu
ation by the House \nCoordinator; monthly information pro
vision to family [Tim and Jason], his Neuropsychiatrist,
 the Service \nManager and the Behaviour Support Speciali
st by the House Coordinator.', 'How will seclusion be gra
dually reduced as behavioural goals are achieved by the p
erson?': 'It is anticipated that once Taylor is able to i
ndependently use the replacement behaviour (ie sign ‘nex
t’) that \nreduction in seclusion will be clinically indi
cated.', 'Why is the use seclusion the least restrictive
 way of ensuring the safety of the person and/or other
s?': 'The episodic use of seclusion will be used to reduc
e harm to staff from Taylor.  The ongoing use of seclusio
n will \nnot improve Taylor’s quality of life or assist i
n the reduction of the overall impact of his behaviour th
at causes \nharm to self or others.  However, its episodi
c use is necessary to prevent harm to staff while they im
plement the \nstrategies in this plan and Taylor is learn
ing the skill of signing “next” to ask staff what is happ
ening next.  The use \nof seclusion is the least restrict
ive alternative for Taylor at present whilst he learns hi
s replacement behaviour.', 'How did you assess the accept
ability of this practice?': 'Going through the plan with
 relevant stakeholders, \nallowing them to ask questions
 and taking into account \nall feedback provided in the f
inal version of this plan.', 'Who did you consult with to
assess this?': 'Parents, guardians and support staff', 'A
uthorisation for the use of restrictive practices': {'Aut
horising body': 'Authorised Program Officer, MV Service
s', 'Approval period': '12 months from June 1, 2022'}}}
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 evaluation by the House Coordinator; monthly information
 provision to family [Tim and Jason], his Neuropsychiatris
t, the Service Manager and the Behaviour Support Specialis
t by the House Coordinator.','How will seclusion be gradua
lly reduced as behavioural goals are achieved by the perso
n?': 'It is anticipated that once Taylor is able to indepe
ndently use the replacement behaviour (ie sign ‘next’) tha
t reduction in seclusion will be clinically indicated.','W
hy is the use seclusion the least restrictive way of ensur
ing the safety of the person and/or others?':'The episodic
use of seclusion will be used to reduce harm to staff from
Taylor. The ongoing use of seclusion will not improve Tayl
or’s quality of life or assist in the reduction of the ove
rall impact of his behaviour that causes harm to self or o
thers. However, its episodic use is necessary to prevent h
arm to staff while they implement the strategies in this p
lan and Taylor is learning the skill of signing “next” to
 ask staff what is happening next. The use of seclusion is
the least restrictive alternative for Taylor at present wh
ilst he learns his replacement behaviour.','Social validit
y of seclusion':{'How did you assess the acceptability of
 this practice?':'Going through the plan with relevant sta
keholders, allowing them to ask questions and taking into
 account all feedback provided in the final version of thi
s plan.','Who did you consult with to assess this?':'Paren
ts, guardians and support staff',},'Authorisation for the
 use of restrictive practices':{'Authorising body':'Author
ised Program Officer, MV Services','Approval period':'12 m
onths from June 1, 2022'}
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