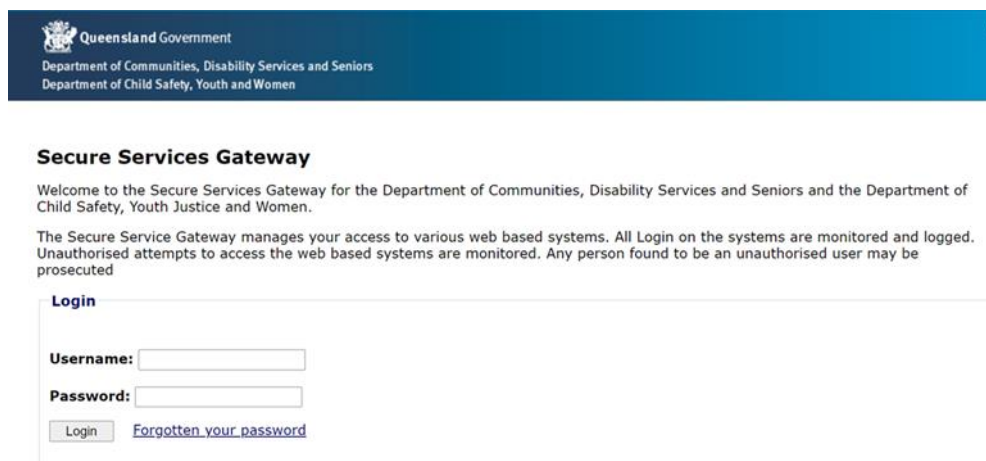


Positive Behaviour Support and Restrictive Practices

GUIDE: How to notify the department of a restrictive practice approval or consent to the use of Restrictive Practices (Form 6-4)

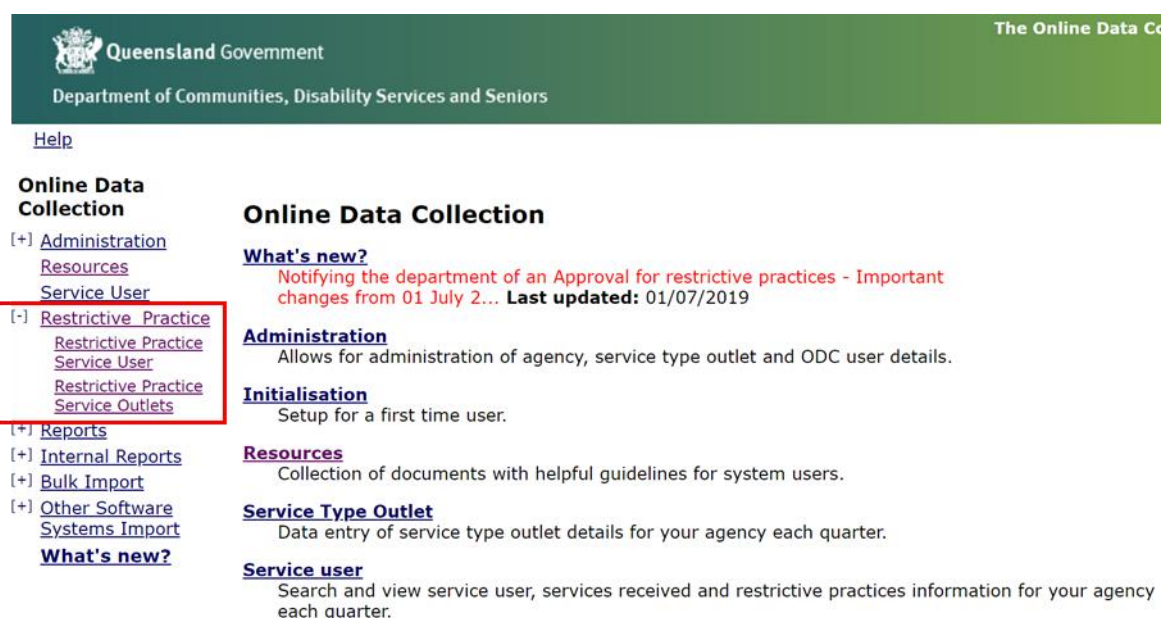
Online Data Collection (ODC): Restrictive Practice Approvals

1. Login to ODC using the provided **Data Entry Operator** username and password.
<https://secure.disability.qld.gov.au/ngo>



The screenshot shows the 'Secure Services Gateway' login page. At the top, it says 'Queensland Government' and 'Department of Communities, Disability Services and Seniors / Department of Child Safety, Youth and Women'. Below this is a welcome message and a login form with fields for 'Username:' and 'Password:', a 'Login' button, and a link for 'Forgotten your password'.

2. Click on **Restrictive Practice** In the left hand navigation menu, then click on **[+]** to expand the options, then click on **Restrictive Practice Service User** to get started.



The screenshot shows the 'Online Data Collection' navigation menu. The 'Restrictive Practice' option is expanded, showing sub-options: 'Restrictive Practice Service User' (highlighted with a red box), 'Restrictive Practice Service Outlets', 'Reports', 'Internal Reports', 'Bulk Import', 'Other Software Systems Import', and 'What's new?'. The main content area shows 'What's new?' with a notification about approving restrictive practices, followed by sections for 'Administration', 'Initialisation', 'Resources', 'Service Type Outlet', and 'Service user'.

- Online Data Collection
- [+] Administration
Resources
Service User
- [+] Restrictive Practice
Restrictive Practice Service User
Restrictive Practice Service Outlets
- [+] Reports
What's new?
- Online Data Collection > Restrictive Practice > Search Restrictive Practice Service User
- ## Search Restrictive Practice Service User
- Search for: Surname: t
- [Search again](#)
- | Surname | First Name | NDIS ID | ID (formerly BIS) |
|---------|------------|-----------|-------------------|
| test | test | 987654321 | 9000-0626 |

- Gender:
- Service User
- Declaration Status:
- [Update Service User Details](#)
- [Enter Date of Death](#)
- ### Addresses
- [Add New Address](#)
- When a new address is declared, the current address will automatically be end-dated the day before the "From Date" of the new address.
- Include deleted records ☐
- | Residential Address Line 1 | Residential Address Line 2 | Suburb | State | Postcode | From Date | To Date | Declaration Status | |
|----------------------------|----------------------------|----------|-------|----------|-------------|---------|--------------------|------------------------|
| 112 George St | | Brisbane | QLD | 4000 | 20 Jul 2021 | | Declared | Delete |
- ### Restrictive Practice Approvals/Consent
- [Form 6-4: Notification of Approval or Consent to the Use of Restrictive Practices](#)
- Include deleted records ☐
- | Approval Type | Plan Date | Approval/Consent By | Approval Date | Expiry Date | Cessation Date | Declaration Status | |
|---------------|-----------|---------------------|---------------|-------------|----------------|--------------------|--|
|---------------|-----------|---------------------|---------------|-------------|----------------|--------------------|--|

5. Complete **Approval/Consent details** and press **Next**.

[Online Data Collection](#) > [Service User](#) > [Service User Details](#) > Form 6-4

Form 6-4

When this form is to be used

- By a Relevant Service Provider, after receiving any approval for the use of restrictive practices, at a Service Outlet (Disability Services Act 2006, Section 195).
- After each subsequent review and approval given for the use of restrictive practices.
- To record appointment of, or all changes to, guardianship

How to complete this form

Under the *Disability Services Act 2006* a service outlet means a place at which disability services are provided.

Limited restrictive practice approval means a restrictive practice approval other than-

- a containment or seclusion approval; or
- a short term approval given by the public guardian under the Guardianship and Administration Act 2000, chapter 5B, part 4.

- A relevant service provider is required to complete and return this form to the department within:
 - 14 days if the limited restrictive practice approval is a short-term approval and given by the department or
 - 21 days after the consent to use of the restrictive practice is given by either a guardian for restrictive practice (general or respite) matter or an informal decision maker.
- This form must be completed with contact details and an electronic declaration.

Your Privacy

The information on this form is being collected so Disability Services clinical teams can provide oversight and support in relation to the development, approval and use of positive behaviour support plans and restrictive practices. The collection is authorised by the *Disability Services Act 2006*. Information may be disclosed to the statutory bodies and non-government service providers involved in this process, as part of the oversight and support functions. All personal information will be handled in accordance with the *Information Privacy Act 2009*.

Service User Details

Agency: Primary Disability:

NDIS Id: Indigenous Status:

ID (formerly BIS ID): Culturally and Linguistically Diversed:

First Name:

Surname:

Date of Birth:

Age:

Gender:

Service User Declaration Status:

Approval/Consent details

An asterisk (*) indicates that an answer is required.

Select the approval type*

- ☐ Short Term Approval
- ☐ Positive Behaviour Support Plan
- ☐ Respite/Community Access Services Plan
- ☐ Chemical Restraint (Fixed Dose) as the only Restrictive Practice - Applicable only for Respite.

Who approved or gave consent to the use of Restrictive practice(s)

Approval/Consent By: *

Enter the period of Approval/Consent

Approval Date: *

Expiry Date: *

Next

Cancel

Note: The online version looks similar to the previous hard-copy format.

6. Click on **Add Restrictive Practice** link.

Service User [Online Data Collection](#) > [Service User](#) > [Service User Details](#) > Form 6-4

[\[-\] Restrictive Practice](#)
[Service User](#)
[Service User Details](#)
[Restrictive Practice Summary](#)
[Return](#)

Form 6-4

Service User Details

Agency: Primary Disability:
NDIS Id: Indigenous Status:
ID (formerly BIS ID): Culturally and Linguistically Diversed:
First Name:
Surname:
Date of Birth:
Age:
Gender:
Service User Declaration Status:

Approval/Consent details

Approval Type:
Approval/Consent By:
Approval Date:
Expiry Date:

Restrictive Practices

[Add Restrictive Practice](#)

Restrictive Practice	Additional Details (if applicable)
----------------------	------------------------------------

[Next](#) [Cancel](#)

7. Complete **Restrictive Practices** details. Multiple practices can be added by clicking on the **Add** button, then clicking the **Add Restrictive Practice** link.

Restrictive Practices

[Add Restrictive Practice](#)

Restrictive Practice	Additional Details (if applicable)
----------------------	------------------------------------

Restrictive Practice: Mechanical Restraint

Mechanical Device: Gloves / Mittens

If Other, please specify

Add

Cancel

Bed Restraint
Belt
Clothing that restricts movement
Gloves / Mittens
Head gear
One piece clothing suit
Protective clothing
Seat belt or Harness - other than for safe transport
Splints
Wheelchair seat belt
Other

8. When all authorised restrictive practices have been added, click on the **Next** button.

Restrictive Practices

[Add Restrictive Practice](#)

Restrictive Practice	Additional Details (if applicable)	
Mechanical Restraint	Gloves / Mittens	Delete
Restricted Access to Objects	Food	Delete

[Next](#) [Cancel](#)

9. The next step is to add **Relevant Service Outlet Details**. Select as many locations as required from the available box and click **Add**. When complete, click on **Next**.

Relevant Service Outlet Details

Mechanical Restraint - Gloves / Mittens

Select the Service Outlet/s in this Agency approved for this Restrictive Practice

Selected test	Add Remove	Available test 2
------------------	---------------	---------------------

Restricted Access to Objects - Food

Select the Service Outlet/s in this Agency approved for this Restrictive Practice

Selected	Add Remove	Available test test 2
----------	---------------	-----------------------------

[Add new Restrictive Practice Service Outlet](#)

Next	Cancel
------	--------

10. Add details for **Appointment of a Guardian for Restrictive Practices (general or respite)**. This step will not display if the approval type selected is Short Term Approval.

Note: Existing guardian details that overlap with approval dates will be shown otherwise enter new guardian appointment details. A Guardian needs to be in place for the entire period of the approval.

Appointment of a Guardian for Restrictive Practices (general or respite)

The entire period of the Approval/Consent must be covered by one or more Guardian Appointments. If the existing Guardian Appointments do not cover the entire period, you may enter the new Guardian details below.
If you proceed without entering new Guardian details, the dates of the Approval/Consent will be modified to align with the existing Guardian Appointment.

Guardian Name	Guardian Type	Appointed From	Appointed To	Cessation Date	Declaration Status
Public Guardian	Guardian for RP (General)				Declared

Enter new Guardian Appointment details if required

Guardian Name:

Guardian Type:

Appointed From:

Appointed To:

The Guardian Appointment must cover the entire period of the Restrictive Practice Approval. If the entire period is not covered, the dates of the Approval/Consent will be modified to align with the Guardian Appointment dates.

The Guardian Appointment period cannot exceed two years

When a new Guardian Appointment is entered, if there is an existing Guardian Appointment that extends beyond the Appointed From date of the new appointment, the existing record will be updated with a Cessation Date of the day before the new Appointed From date.

Next	Cancel
------	--------

11. The next step is to review, verify and click on **Submit**.

Form 6-4

Service User Details				
Agency:	Primary Disability:			
NDIS Id:	Indigenous Status:			
ID (formerly BIS ID):	Culturally and Linguistically Diversed:			
First Name:				
Surname:				
Date of Birth:				
Age:				
Gender:				
Service User Declaration Status:				

Approval/Consent details				
Approval Type:	Positive Behaviour Support Plan			
Plan Date:				
Approval/Consent By:	Guardian for a restrictive practice (general) matter			
Approval Date:				
Expiry Date:				

Appointment of Guardian Details				
Guardian Name	Guardian Type	Appointed From	Appointed To	Cessation Date
Public Guardian	Guardian for RP (General)	11 Oct 2021	10 Oct 2022	

Service Outlet and Restrictive Practice Details		
Service Outlet	Restrictive Practice	Additional Details (if applicable)
test	Mechanical Restraint	Gloves / Mittens
test	Restricted Access to Objects	Food

12. This notification will now be displayed as '**Submitted**' in the **Restrictive Practice Approvals/Consent** box within the **Service User Details** section.

Restrictive Practice Approvals/Consent

Form 6-4: Notification of Approval or Consent to the Use of Restrictive Practices

Include deleted records ☐

Approval Type	Plan Date	Approval/Consent By	Approval Date	Expiry Date	Cessation Date	Declaration Status
Positive Behaviour Support Plan	11 Oct 2021	Guardian for a restrictive practice (general) matter	11 Oct 2021	10 Oct 2022		Submitted

13. The declaration process will now commence and a notification will be emailed to the **Authorising Agency Officer**.

Note: Implementing providers registered with the NDIS Commission are required to submit monthly reports to the NDIS Commission on the use of restrictive practices against the participant's current/ active positive behaviour support plan.