

The When and What of Behaviour Support Plans



General BSP	
<p>Information about the person</p> <p>Information and assessments about the person that help a provider to understand the person and their behaviour.</p>	<p>Consultation and consent</p> <p>A description of the consultation on use of the care strategies with the resident or representative. Additional external consultation (e.g. with DSA) may also be included.</p>
<p>Information about the behaviour</p> <p>Information about the changed behaviour and for each occurrence of a <i>new</i> changed behaviour*:</p> <ul style="list-style-type: none"> • Time, date, duration • Adverse consequences • Any related incidents • Warning signs/triggers <p><i>*A new changed behaviour includes a change in the type/ manifestation of behaviour; frequency/ intensity of behaviour; or response to existing strategies</i></p>	<p>Information about care strategies</p> <ol style="list-style-type: none"> 1. Best practices strategies** 2. Other strategies used including information about their effectiveness and records of their monitoring and evaluation 3. Other strategies considered <p><i>**Those that: 1) are best practice alternatives to the use of restrictive practices 2) consider the person's preferences/ things that are meaningful to them 3) improve quality of life/ engagement.</i></p>

In addition, the following information must be included if restrictive practices are used [That is, when restrictive practices: are assessed as necessary (s15HC of <i>Quality of Care Principles</i>); are used (s15HD); or a review of the use of the restrictive practices indicates an ongoing need for the restrictive practices (s15HE)]	
<p>Additional information about the behaviour and care strategies</p> <p>Additional information about the behaviour that is relevant to use of the restrictive practices and about best-practice alternative strategies that must be used, or any other actions that were taken, before the use of the restrictive practices.</p>	<p>Additional information regarding consultation and consent</p> <p>A description of the consultation about the use, or ongoing use of the restrictive practices with, and a record of consent by, the resident or the 'restrictive practices substitute decision-maker' (as per state and territory government requirements).</p> <p>Also include consultation with external services (e.g. DSA) about use of restrictive practices.</p>
<p>Information about the restrictive practices</p> <p>Information about the restrictive practices including how it is to be used, when the restrictive practices began to be used, its duration, frequency and intended outcome of use (and whether that was achieved).</p>	<p>Monitoring and escalating the restrictive practices</p> <p>Information about how the restrictive practices or ongoing use of the restrictive practices is monitored and escalated (considering the nature of the restrictive practices and any care needs that arise out of use of restrictive practices).</p>
<p>Reviewing the restrictive practices</p> <p>Information about how use of restrictive practices/ ongoing use of restrictive practices, will be reviewed including whether:</p> <ul style="list-style-type: none"> • the intended outcome of its use was achieved; • alternative strategies could have been used to address the changed behaviour; • a less restrictive form of restrictive practices could have been used to address the changed behaviour; • there is an ongoing need for use of the restrictive practices; and • if chemical restraint, whether the medication that is the restrictive practices, can or should be reduced or stopped. 	<p>Other assessments/ documentation***</p> <p>Any documents required under s 15FB or 15FC of the <i>Quality of Care Principles 2014</i>. This includes any assessments, documentation or consultation that led the medical practitioner or nurse practitioner (for chemical restraint only) to be satisfied that the use of the restrictive practices was necessary.</p> <p><i>***These must be included if the restrictive practices are assessed as necessary, in accordance with s 15FB or 15FC of the <i>Quality of Care Principles 2014</i>.</i></p>

NOTE: If use of restrictive practices are necessary in an emergency, additional matters must be recorded in the BSP (see s 15GB of the *Quality of Care Principles 2014*)