



Director of Forensic Disability

PROCEDURE

Title: Regulated Behaviour Control:
Use of Behaviour Control Medication

Purpose

This procedure is issued by the Director of Forensic Disability in accordance with section 91 of the *Forensic Disability Act 2011* (the Act) and sets out the process for the use of:

- **Behaviour control medication** within the Forensic Disability Service (FDS) as defined and regulated by the Act.

This procedure **must** be read in conjunction with the *Director of Forensic Disability Policy - Regulated Behaviour Control*.

Procedure

1. Behaviour Control Medication

Medication for behaviour control is medication prescribed by a psychiatrist for the sole purpose of regulating a client's behaviour.

Behaviour control medication may be prescribed to be administered either on a regular (fixed dose) basis, or an intermittent "as required" (PRN) basis.

If developing a plan for future use of behaviour control medication (whether on a regular basis or on an as required PRN basis), before creating the plan, the FDS must consult with and take into consideration the views of relevant parties. Relevant parties include, but are not limited to, the client, the client's guardian and/or advocate and the client's psychiatrist.

If considering the development of a plan for future use of behaviour control medication, the FDS must be able to satisfy the condition precedent for administering behaviour control medication namely, that the Senior Practitioner is a doctor or registered nurse (refer to section 50 of the Act).

If a plan is developed regarding the use of behaviour control medication, alternative less restrictive options to behaviour control medication should be considered, at minimum, during three monthly Individual Development Plan (IDP) review meetings.

Any decision to administer behaviour control medication, including the reason for use, the result of the intervention and the impact on client's behaviour and progress, must be fully recorded in the client's file and regularly considered and reviewed in regular IDP review meetings.

The administering of behaviour control medication must also be compliant with the Director of Forensic Disability's policy in relation to the recording and administering of medication to clients at the FDS (refer to *Director of Forensic Disability Policy - Assisting Clients to Meet their Medical Needs*).

1.1 Use of behaviour control medication

The decision to use behaviour control medication must be based on a comprehensive risk assessment. This assessment must establish that the use of behaviour control medication was necessary and that behaviour control medication is considered the least restrictive alternative in the present circumstances.

Only psychiatrists are authorised to prescribe behaviour control medication.

1.2 Administering behaviour control medication

Medication for behaviour control must be clearly identified and prescribed on the client's medication chart.

Medication for behaviour control must only be administered by a doctor or registered nurse.

The doctor or registered nurse must be either a Senior Practitioner themselves, or a doctor, or registered nurse acting under the direction of a Senior Practitioner who is a doctor or nurse.

In the latter case, there must be either direct personal, or written or verbal instruction from the Senior Practitioner to the respective doctor or nurse.

The medication must be administered and the client observed in accordance with the psychiatrist's directions, including directions about the dose, route and frequency of the medication and any restrictions on its use.

Whilst there should always be effort made to explain to the client why the behaviour control medication is being administered, it is not necessary to obtain the client's consent to the administration of behaviour control medication.

1.3 Reporting use of behaviour control medication

1.3.1 Fixed dose medication

The Administrator must notify the Director of Forensic Disability in writing on each occasion a client is prescribed fixed dose behaviour control medication and again on each occasion the dosage is altered.

The Administrator will send the Director of Forensic Disability a copy of the relevant plan for the administering of medication for behaviour control. The plan must also include any further information requested by the Director of Forensic Disability.

1.3.2 As required PRN medication

Each occurrence of administering PRN behaviour control medication must be reported to the Director of Forensic Disability.

1.4 Recording

A Senior Practitioner must ensure the details of the behaviour control medication, whether fixed dose or PRN, prescribed by a psychiatrist are included in the:

- client's medical file; and
- client's IDP.

The client's IDP must include strategies for avoiding, reducing and eliminating any use or further use of behaviour control medication.

Each administering of behaviour control medication, whether fixed dose or PRN, must be recorded in the client's file by the doctor or registered nurse who administered the medication. This record must include:

- the medication name;
- the time the medication was administered;
- the person who administered the medication;
- the reasons for the use;
- circumstances in which it was administered; and
- the impact it had on the client's behaviour.

1.5 Register of use of Regulated Behaviour Controls

The Administrator of the FDS must ensure that the FDS has a functioning and up-to-date "Register of the use of regulated behaviour controls" (register).

All use of behaviour control medication must be recorded as soon as practicable on the register of the use of regulated behaviour controls. The Administrator must provide access to, or copies of, the register if required by the Director of Forensic Disability.

1.6 Review of the use of Behaviour Control Medication

If a client is prescribed behaviour control medication:

- a Senior Practitioner must ensure that a psychiatrist regularly reviews a client's need for, and the appropriateness of, the behaviour control medication prescribed for the client; and
- records of any behaviour control medication use must be regularly reviewed and considered in IDP planning meetings with the Senior Practitioner sharing the findings of the review with the psychiatrist.

A review by a psychiatrist, of the client's need for, and the appropriateness of, prescribed behaviour control medication must occur at least every three months. Evidence of the psychiatric review must be recorded in the in the client's file.

The Director of Forensic Disability may direct a Senior Practitioner to ensure that a psychiatrist carries out an immediate review of a client's behaviour control medication.

1.7 Cessation of Behaviour Control Medication

The use of behaviour control medication will be ceased as soon as possible and once it is no longer required. Where a less restrictive alternative is identified the use of behaviour control medication will be ceased.

Where it has been determined that the behaviour control medication should cease, this should be appropriately recorded on the client file.

1.8 Safety Considerations

The health and safety of the client must be given the highest consideration at all times when instigating, implementing, and ceasing the use of behaviour control medication.

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Designation: Director of Forensic Disability

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