Government of **Western Australia**
Department of **Communities**

Procedure Guidelines for Authorisation of Restrictive Practices in NDIS Funded Disability Services

Stage Two

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Document control

Publication date	April 2021
Review date	April 2022
Owner	Assistant Director General – Office of Disability Executive Director – Regulation and Quality (within Integrity, Intelligence and Professional Standards)
Custodian	Quality and Safeguarding / Manager Quality and Safeguarding

Amendments

Version	Date	Author	Description
1	April 2021	Manager Quality and Safeguarding	Procedure Guidelines for Authorisation of Restrictive Practices in Funded Disability Services – Stage Two

1 Background

A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

The State Government is committed to working towards the reduction and elimination of the use of restrictive practices for people with disability in Western Australia (WA).

The Department of Communities' (Communities) approach to reduction and elimination of restrictive practices is centred around the use of Positive Behaviour Support, which is focused on outcomes to improve the quality of life for people with disability, their families and significant others.

Under the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector and the NDIS Quality and Safeguards Framework, the State Government is responsible for establishing arrangements for the authorisation of restrictive practices in National Disability Insurance Scheme (NDIS) services in WA.

Communities' Authorisation of Restrictive Practices in Funded Disability Services Policy (Policy) establishes the requirements for authorisation of restrictive practices in relation to people who are receiving disability services funded through the National Disability Insurance Agency (NDIA) or through the State Government.

These procedure guidelines are underpinned by the Policy, which will operate for an interim period while a legislative framework is developed.

A procedure/guideline document provides guidance for how tasks are performed. It should define who does what task and when.

2 Scope

2.1 In-scope for the procedure guidelines

- Regulated restrictive practices are defined in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (refer to Appendix 2). The five categories of regulated restrictive practices that require authorisation are seclusion, chemical restraint, physical restraint, mechanical restraint, and environmental restraint.
- Implementing Providers and NDIS Behaviour Support Practitioners[1] (defined in Appendix 2) that operate in WA.

[1] Behaviour Support Practitioners in Western Australia will have provisional suitability status as an NDIS Behaviour Support Practitioner through specialist behaviour support providers lodging a S 29 form with the NDIS Commission.

- Where a person objects to a therapeutic or safety device or practice, its application is considered a regulated restrictive practice and authorisation is required.

2.2 Not in scope for the procedure guidelines

- Prohibited practices (outlined in Appendix 2) must not be authorised under these procedural guidelines.
- Therapeutic or safety devices or practices: Some devices or practices used for therapeutic or safety purposes impose a level of limitations on a person's freedoms but do not constitute a regulated restrictive practice, and authorisation is not required.
- Management of non-intentional risk: Some behaviours that represent a risk to the person or others occur because of circumstances rather than as a result of the person seeking to address a functional need. Strategies to manage non-intentional risk behaviours (defined in Appendix 2) do not require authorisation.
- Court orders: Where a practice that would otherwise be a regulated restrictive practice is in place due to a court order, authorisation is not required.

Implementing Providers may seek advice from the NDIS Quality and Safeguards Commission (NDIS Commission) on whether the circumstances require a Behaviour Support Plan (BSP) and compliance with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018. Contact the NDIS WA Behaviour Support Team:

Email: wabehavioursupport@ndiscommission.gov.au

Phone: 1800 035 544

3 Responsibilities

3.1 The NDIS Commission

Provide leadership in relation to the reduction and elimination of the use of regulated restrictive practice by:

- implementing the NDIS Quality and Safeguarding Framework (2016)
- specifying regulated restrictive practices for reporting purposes and related legislation and rules, including NDIS Behaviour Support Rules and NDIS (Provider Registration and Practice Standard) Rules 2018
- implementing the Capability Framework for Behaviour Support Practitioners, including determining suitability of Behaviour Support Practitioners
- overseeing Behaviour Support Practitioners and Implementing Providers who use behaviour support strategies and restrictive practices
- quality-assuring behaviour support plans (BSPs) submitted by Behaviour Support Practitioners
- providing best practice advice to practitioners, providers, participants, families, and carers
- receiving and reviewing provider reports on the use of restrictive practices.

3.2 Department of Communities

- Publish and maintain an appropriate policy framework and procedure guidance for Restrictive Practice Authorisation until such time as legislation is enacted.
- Provide information and advice on the Restrictive Practice Authorisation process to facilitate development and compliance.
- Provide information and advice to guide providers on the development of their own internal policies and procedures.

3.3 Implementing Providers

- Develop internal policies and procedures to govern the operations of any Quality Assurance Panel that it convenes.
- For individuals who require support to make decisions, use strategies to facilitate supported decision making so people with disability can access the support they need to make decisions and to communicate their needs and choices.
- Report any unauthorised use of restrictive practice to the NDIS Commission.
- Monitor the use of restrictive practice, including the regular reporting of authorised use of regulated restrictive practice to the NDIS Commission.
- Support participants to make and resolve complaints.
- Ensure an appropriate medical or allied health assessment is undertaken to identify whether behaviours are non-intentional risk behaviours and serve no intentional function.
- Ensure an appropriate medical or allied health prescription of therapeutic and safety devices.

3.4 NDIS Behaviour Support Practitioners

- Meet the suitability requirements against the NDIS Positive Behaviour Support Capability Framework and complete the notification process with the NDIS Commission to confirm suitability.
- Develop and lodge BSPs that include restrictive practices with the NDIS Commission.
- Detail the intention to use a restrictive practice in the BSP in an appropriately accessible format to the person, family, carers, guardian and any other relevant person.
- Serve as external independent members on Quality Assurance Panels convened by Implementing Providers (optional).

4 Regulated restrictive practice must be authorised

Authorisation must be obtained by an Implementing Provider for each regulated restrictive practice that is proposed to be implemented for a person with disability in accordance with the Policy.

The Policy provides a two-staged approach to the authorisation of restrictive practices.

- Stage One was in place from 1 December 2020 to 30 April 2021. In this stage authorisation required restrictive practices to be included in a BSP.
- Stage Two (from 1 May 2021 onwards) – authorisation requires restrictive practices to be included in a BSP and introduces a mandatory Quality Assurance Panel which allows for independent review of the BSP and the proposed restrictive practices.

The evidence for authorisation in Stage Two is the completed Quality Assurance Outcome Summary shown in Appendix 3.

4.1 Behaviour Support Plan (BSP)

BSPs developed by Behaviour Support Practitioners that include a restrictive practice, should involve consultation with the person with disability and if appropriate, their guardian, family and carers.

In developing a BSP, the NDIS Behaviour Support Practitioner must take all reasonable steps to:

- reduce and eliminate the need for the use of regulated restrictive practices in relation to the person with disability
- consider any previous behaviour support assessments and other assessments available
- recommend changes in the person with disability's environment that may reduce or remove the need for the use of regulated restrictive practices
- state why a less restrictive practice is not possible.

4.1.1 Consultation during preparation of the BSP

The NDIS Behaviour Support Practitioner will consult with the person with disability to identify their needs and preferences in a calm and supportive environment:

- engage with the person with disability's family, carers, guardian and/or other relevant person[2] and
- engage with the Implementing Providers who may use the regulated restrictive practice and other relevant specialists.

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2 The Behaviour Support Practitioner must work collaboratively and endeavour to engage all key stakeholders in a participant's life to develop an appropriate understanding of their needs as well as the needs of those who support them. This understanding must be captured in the BSP. In addition, supports to address unmet needs should be identified within the BSP as it is understood that supports well matched to needs have the potential to reduce or eliminate the need for regulated restrictive practices in the future.

In practice, many of the principles of positive behaviour support are relevant to the way people with disability are supported to make decisions about restrictive practices. For example:

- working in partnership with genuine collaboration, paying attention to the quality of the relationship that develops with the person and important others and making sure they feel safe and valued.
- having a strengths-focus by recognising the person's strengths and abilities and build on these where required, to bridge a gap in decision-making capacity for the person.
- focus on needs, using genuine curiosity and openness to help the person to understand their needs and what supports may be the best fit for them.

4.1.2 BSP is evidence-based

The BSP must include strategies that are evidence-based and person-centred and take account of the functions of the behaviour being considered, as well as any unmet needs that may be contributing to the behaviour.

Any recommended regulated restrictive practices must:

- be clearly identified in the BSP[3]
- be used only as a last resort in response to a risk of harm to the person with disability and/or others, and after the Implementing Provider has explored and applied other evidence-based, person-centred and proactive strategies
- be the least restrictive response possible in the circumstances to ensure the safety of the person and/or others:
  - when considering whether a restrictive practice is the least restrictive, it should be considered within a context of other alternatives that have an evidence base for being effective in addressing the presenting behaviour of concern.
- reduce the risk of harm to the person with disability and/or others
- be in proportion to the potential negative consequence or risk of harm
- be used for the shortest possible time to ensure the safety of the person with disability and/or others.

4.2 Regulated Restrictive Practice Quality Assurance Panel

4.2.1 Composition of a Quality Assurance Panel

A Quality Assurance Panel is mandatory at Stage Two to achieve authorisation of restrictive practices.

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[3] See Appendix 4 and Appendix 5 for sample restrictive practice schedules and elimination plans that can be included within a BSP as a means of providing evidence to justify the use of the practice against the principles outlined in the policy (see 4.1.2).

A Panel must consist of at least two members with a decision-making role:

1. A senior manager (or their delegate) with the Implementing Provider with operational knowledge and relevant experience in behaviour support.
2. An NDIS Behaviour Support Practitioner[4] who is not the BSP author and not employed by the Implementing Provider.

Additional members may be included in the Panel[5], in accordance with the Implementing Provider's policies and procedures, and the person with disability's specific circumstances.

There is no requirement for Panel meetings to be face-to-face. Telephone, teleconference and video conferencing facilities may be used.

In circumstances where there are multiple providers that will be implementing the restrictive practice(s) captured in a BSP for one individual, the providers need to come together to contribute to the Quality Assurance Panel process outcome.

Implementing Provider responsibilities:

- Appoints the Chair for the Quality Assurance Panel.
- Convenes or accesses Panel meetings.
- Arranges administrative support to the Panel.
- Ensures the NDIS authorisation process reporting requirements are met.

External NDIS Behaviour Support Practitioner responsibilities:

- Acts in an impartial way and makes decisions based on the objective evidence and information available to support the decision at the time.
- Ensures the authorisation application is evidence-based, that the described practice is the least restrictive to ensure the safety of the person and/or others.
- Ensures the restrictive practice is suitable for the behaviours of concern.

4.2.2 Quality Assurance Panel governance

The Panel reviews the recommended restrictive practices in the BSP against the principles of use (see 4.1.2) and either approves/does not approve the use of the restrictive practice as outlined in the BSP.

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4 'Provisional suitability' status as per the S29 notification form process will be accepted during WA's transition to full implementation of the NDIS Commission's suitability assessment process.

5 Subject to an Implementing Provider's panel policy and procedures, other stakeholders, including family members, the NDIS Behaviour Support Practitioner who wrote the BSP, and/or other relevant people may be invited to participate in the panel discussion, however they are non-decision-making participants.

Documentation required by Panel includes:

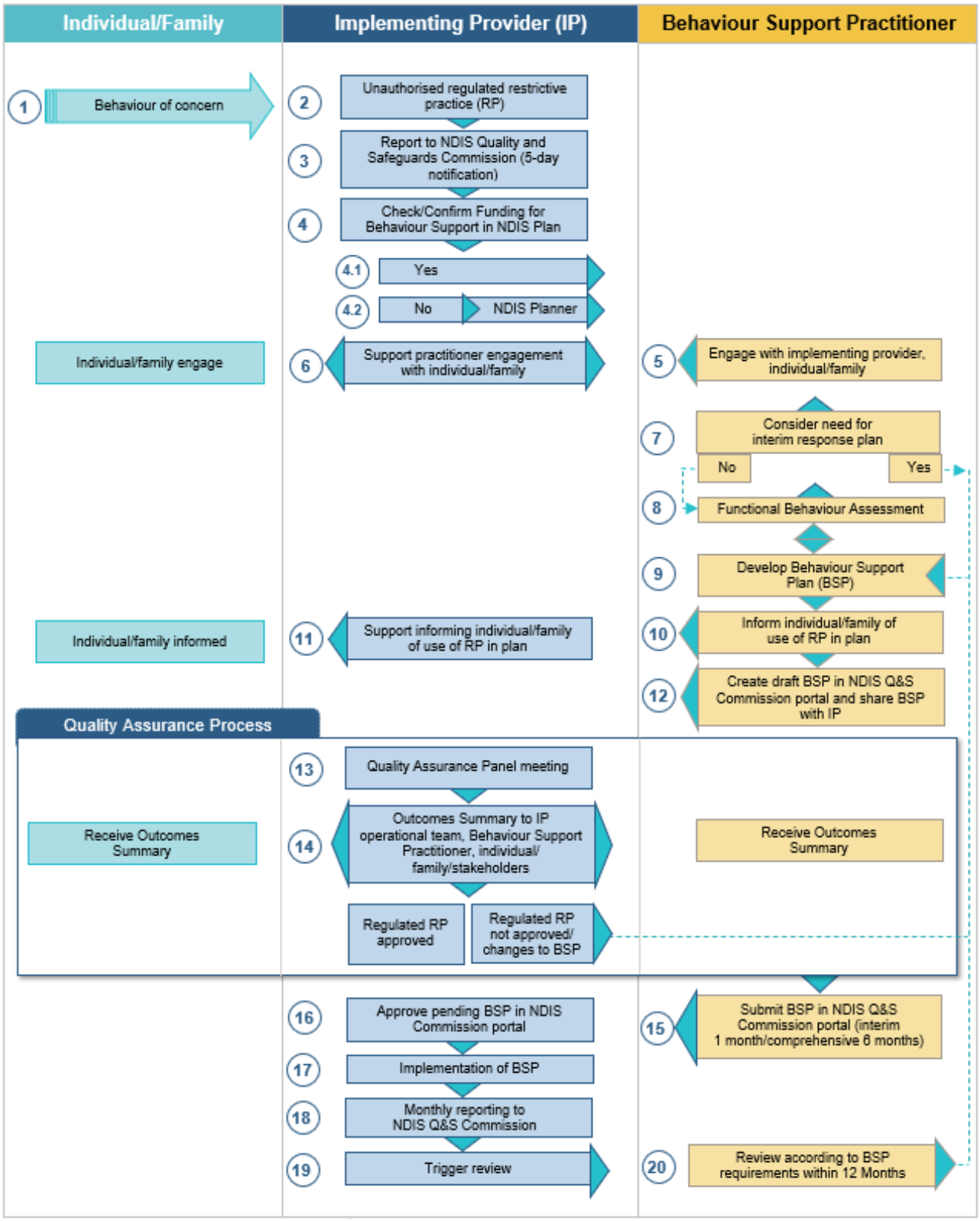
- a BSP which includes information about the proposed regulated restrictive practice, including a description of how it will be implemented and the expected outcome
- evidence of less restrictive options having been attempted
- the responsibilities of those implementing the practice
- evidence that the restrictive practice can be implemented in the way specified by the BSP
- information about previous and current use of any regulated restrictive practice
- adequate governance arrangements in place within the Implementing Provider, such as for reporting, supervision and practice monitoring and regular reviews.

4.2.3 Panel's approved/not approved decision

The Panel's approval to use a regulated restrictive practice must:

- be supported by all panel members with a decision-making role
- specify the length of time for which the authorisation applies, which must not exceed 12 months
- detail any conditions they decide to impose as part of the approval of the restrictive practice(s)
- be recorded in the Quality Assurance Outcome Summary Report signed by Panel members (see Appendix 3). This step is mandatory at Stage Two.

5 Appendix 1: Regulated Restrictive Practices Process flow



Alternative text for Appendix 1: Regulated Restrictive Practices Process flow

The process flow on page 12 shows the steps of the Regulated Restrictive Practices in chronological order and specifies the experiences and involvement of the individual and/or family, along with the responsibilities of the Implementing Provider and the Behaviour Support Practitioner during Stage Two.

- Step 1: There is a behaviour of concern.

The following steps are the responsibility of the Implementing Provider:

- Step 2: Unauthorised regulated restrictive practice is used in response to the behaviour of concern, to support the individual to keep themselves or others safe.
- Step 3: Report to NDIS Quality and Safeguards Commission (five-day notification).
- Step 4: Check and/or confirm funding for behaviour support in the NDIS Plan.
    - Step 4.1: If there is funding, continue to Step 5.
    - Step 4.2: If there is no funding, continue to Step 5 with the support of an NDIS planner.

Steps 5 to 9 are done in conjunction.

The following two steps are to be done in collaboration and with the individual and their family:

- Step 5: The Behaviour Support Practitioner engages with the Implementing Provider and the individual and family.
- Step 6: The Implementing Provider supports the Behaviour Support Practitioner to engage with the individual and family.

The following steps are the responsibility of the Behaviour Support Practitioner:

- Step 7: Consider the need for an interim response plan.
    - If there is no need, continue to Step 8. If there is a need (yes) continue to Step 9.
- Step 8: Functional Behaviour Assessment.
- Step 9: Develop a Behaviour Support Plan.

The following two steps are to be done in conjunction:

- Step 10: The Behaviour Support Practitioner informs the individual and/or family of the use of restrictive practice in the Behaviour Support Plan.
- Step 11: The Implementing Provider supports the Behaviour Support Practitioner to inform the individual and/or family of the use of restrictive practice in the Behaviour Support Plan.

The following step is the responsibility of the Behaviour Support Practitioner:

- Step 12: Create a draft Behaviour Support Plan in the NDIS Commission portal and share the Behaviour Support Plan with the Implementing Provider for authorisation.

The following steps are the responsibility of the Implementing Provider:

- Step 13: Quality Assurance Panel meets.
  Possible outcomes:
  - Regulated restrictive practice not approved and/or changes to Behaviour Support Plan required.
  - Regulated restrictive practice approved.
- Step 14: Outcomes summary provided to the Implementing Provider operational team, Behaviour Support Practitioner and individual, their family and/or relevant stakeholders.

If regulated restrictive practice is not approved and/or changes to the Behaviour Support Plan are required, return to progressing from Step 9 in conjunction with Steps 5 to 8.

The following step is the responsibility of the Behaviour Support Practitioner:

- Step 15: Submit the Behaviour Support Plan in the NDIS Commission portal (for an interim, within one month of being engaged, for a comprehensive plan, within six-months of being engaged).

The following steps are the responsibility of the Implementing Provider:

- Step 16: Approve the pending Behaviour Support Plan in the NDIS Commission portal.
- Step 17: Implementation of the Behaviour Support Plan.
- Step 18: Monthly Reporting to the NDIS Commission.
- Step 19: Trigger review.

The following step is the responsibility of the Behaviour Support Practitioner:

- Step 20: Review according to the Behaviour Support Plan requirements within 12 months. Then develop a new Behaviour Support Plan starting at Step 9 in conjunction with Steps 5 to 8.

6 Appendix 2: Definitions

Implementing Provider

Implementing Provider means any service provider that is funded through the NDIS or by Communities to deliver disability services to a person with disability, including children and young people with disability in care of the Chief Executive Officer (CEO) of the Department of Communities.

NDIS Behaviour Support Practitioner

NDIS Behaviour Support Practitioner means a person employed by a behaviour support provider (or a sole trader behaviour support provider) under NDIS registration group 110, who the NDIS Commissioner considers suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop BSPs that may include the use of restrictive practices.

Non-intentional risk behaviours

Non-intentional risk behaviours are those behaviours that occur because of circumstances and do not serve a purpose for the person:

- **Behaviours that create physical risk:** behaviours related to mobility, transitioning or accidental movement issues that involve a risk to the person. These risks are due to a physiological or neurological condition that can result in poor motor control (e.g. tardive dyskinesia) that may result in another person being inadvertently struck by the person.
- **Resistance to support for activities of daily living:** behaviours that demonstrate discomfort associated with daily activities e.g. tooth brushing or therapy routines. Assisting the person to complete activities of daily living may involve light physical support to help the person finish the activity. Resistance to this support may indicate that the person is experiencing an issue greater than discomfort, which will require further assessment to determine the cause of the resistance such as health/medical issues and the potential function of the behaviour.
- **Unsafe actions:** behaviours that unintentionally place the person at risk. This may include having “no knife safety” or “sun safety” awareness such as inadvertently reaching for a hot kettle or stove, or wandering towards roads without awareness of safety issues.

Prohibited practices

Certain physical restraints are prohibited, including:

- the use of prone or supine restraint
- pin downs
- basket holds
- takedown techniques

- any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning
- any physical restraint that has the effect of pushing the person's head forward onto their chest
- any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.

Punitive approaches are prohibited including:

- aversive practices
- over-correction
- denial of key needs
- practices related to degradation or vilification
- practices that limit or deny access to culture
- response cost punishment strategies.

Regulated restrictive practices

There are five categories of regulated restrictive practice:

1. Seclusion is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.
2. Chemical restraint is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.
3. Physical restraint is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.
4. Mechanical restraint is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.
5. Environmental restraint involves restricting a person's free access to all parts of their environment, including items or activities.

Senior manager or delegate

A senior manager or delegate of the Implementing Provider with sound operational knowledge and relevant experience in behaviour support and restrictive practice consistent with the Authorisation of Restrictive Practices in Funded Disability Services Policy.

7 Appendix 3: Quality Assurance Panel Outcomes Summary Report

1. Client details

Client details	Required information
Full name	Enter text here.
NDIS participant ID (Not available if not NDIS participant)	Enter text here.
Date of birth	Choose date here.
Address	Enter text here.
Suburb	Enter text here.
State	Choose
Postcode	Enter text here.

2. Implementing Provider(s)

(Add tables as required)

Implementing Provider details	Required information
Name	Enter text here.
Provider ID (Required in context of NDIS services only)	Enter text here.

3. NDIS Behaviour Support Practitioner – BSP author

NDIS Behaviour Support Practitioner (BSP author)	Required information
Name	Enter text here.
Practitioner ID	Enter text here.

4. Panel Members

(Add tables as required)

Panel Member 1

Senior Manager or Delegate	Required information
Name	Enter text here.
Job Title	Enter text here.

Panel Member 2

NDIS Behaviour Support Practitioner	Required information
Name	Enter text here.
Practitioner ID	Enter text here.

5. Proposed restrictive practice(s)

(Delete or add tables as required)

Restrictive practice 1	Click or tap here to enter text.
Service setting	Enter text here.
Behaviour of concern	Enter text here.
Regulated restrictive practice category	Choose an item.

Restrictive practice 2	Click or tap here to enter text.
Service setting	Enter text here.
Behaviour of concern	Enter text here.
Regulated restrictive practice category	Choose an item.

Restrictive practice 3	Click or tap here to enter text.
Service setting	Enter text here.
Behaviour of concern	Enter text here.
Regulated restrictive practice category	Choose an item.

6. Supporting documents

(Delete or add rows as required)

Document name	Document description
Enter text here.	Enter text here.
Enter text here.	Enter text here.
Enter text here.	Enter text here.

7. Quality Assurance decision

(Delete or add rows as required)

Panel meeting date: Choose date here.

Decision date: Choose date here.

Restrictive practice	Authorisation decision details	Required information
Restrictive practice 1	Decision	Choose an item.
Restrictive practice 1	Reason for decision	Enter text here.
Restrictive practice 1	Conditions	Enter text here.
Restrictive practice 2	Decision	Choose an item.
Restrictive practice 2	Reason for decision	Enter text here.
Restrictive practice 2	Conditions	Enter text here.
Restrictive practice 3	Decision	Choose an item.
Restrictive practice 3	Reason for decision	Enter text here.
Restrictive practice 3	Conditions	Enter text here.

Authorisation expiry date: Choose date here.

Next review date: Choose date here.

8. Documents required for next review

Document details	Check if applicable
BSP	Required
Outcomes Summary Report from previous Quality Assurance Panel(s)	Required
Medical report	☐
Data collection summary	☐
Risk assessment	☐
Evidence of implementation training	☐
Legal conditions	☐
Lifestyle and environmental review	☐
Individual plan	☐
PRN protocol	☐
Court order	☐
Other (please specify)	Enter text here.

9. Panel member approval

(Add or delete members as required)

Panel member 1

Name: Enter text here.

Signature: Enter text here.

Date: Enter text here.

Panel member 2

Name: Enter text here.

Signature: Enter text here.

Date: Enter text here.

Panel member 3

Name: Enter text here

Signature: Enter text here.

Date: Enter text here.

Implementing Providers must not change the formatting or integrity of this document but may add headers and footers to support their own processes if desired.

8 Appendix 4: Panel Governance Best Practice example – Chemical Restraint

A Quality Assurance Panel considering a restrictive practice that involves chemical restraint will require the Implementing Provider and/or the Behaviour Support Practitioner to consult with the prescribing medical practitioner to clarify the purpose for which the medication is prescribed as well as the conditions under which it should be administered. This consultation can support the development of a written protocol describing the use of the medication and clarification as to whether the medication use constitutes a chemical restraint (e.g. the medication prescribed for purposes of behavioural support/control).

The Panel will require a restrictive practice protocol that covers[6]:

- prescribing doctor's contact details
- medication's brand and chemical names
- medication dosage
- conditions/limits of use
- frequency, route and side effects
- circumstances in which the chemical restraint is to be used, including information about when, where, location, time, how
- description of anticipated positive and negative effects of the medication on the person
- statement as to how the medication can be considered the least restrictive way of ensuring safety of the person and/or others
- statement as to how the use of the medication is in proportion to the potential risk of harm to the person and/or others
- strategies for fading out the use of the restrictive practice – identify a staged plan that outlines how the chemical restraint will be reduced and eventually eliminated over time
- details of monitoring and data collection procedures regarding the use of the chemical restraint including information about who is responsible, how this will be recorded, managed and shared.

[6] Appendix 4 provides a template example which could be used to capture the above information within a BSP in a format that can include the necessary information to support the Panel's decision making.

9 Appendix 4.1: Restrictive Practice Schedule and Elimination Plan (Chemical Restraint)

Chemical restraint [7]

- This table is for recording the use of chemical restraint only.
- Copy and paste this table for each chemical restraint being used.

Restrictive practice schedule and elimination plan (chemical restraint) details	Required information
Implementing Provider business name	Enter text here.
Implementing Provider service location	Enter text here.
Administration type	Choose an item.
Is authorisation required?	Choose an item.
Has authorisation been received?	Choose an item.
Authorisation received from	Choose an item.
Authorisation start date	Choose date here.
Authorisation end date	Click or tap to enter a date.
Authorisation status	Choose an item.

[7] NB: The above and below tables are taken from the NDIS Comprehensive Behaviour Support Plan Template (June 2019): https://www.ndiscommission.gov.au/document/1441. They have been placed in an accessible format.

Medication information

- **Not for administration purposes.**
- Medication should only ever be administered from a current medication chart provided by a medical doctor. Medication information in this plan should not be relied upon, as the type, dosage or frequency may change during the time that this plan is in place.

Medication details	Required information
Drug name	Enter text here.
Dosage	Enter text here.
Unit of measurement	Enter text here.
Conditions/limits of use	Choose an item.
Frequency	Enter text here.
Route	Enter text here.
Side effects	Enter text here.
Prescriber name	Enter text here.
Date of last review by doctor	Choose date here.

Rationale for the restrictive practice

(Why do we need to implement this practice)

1. Circumstances in which the restrictive practice is to be used (include information about when, where, location, time, how).
2. Statement of how this will be used only as a last resort in response to a risk of harm to the person with disability and/or others, and after the implementing provider has explored and applied other evidence-based, person-centred and proactive strategies.
3. Description of the anticipated positive and negative effects of using the restrictive practice on the person.
4. Statement of why the restrictive practice is the least restrictive way of ensuring the safety of the person and others.
5. Statement of how this is in proportion to the potential risk of harm to the person and/or others.
6. Statement of how this will be used for the shortest possible time to ensure the safety of the person with disability and/or others.

Elimination/Fade-out plan

(This should outline how the restrictive practice will be gradually reduced based on when the behavioural goals outlined above are achieved)

- Strategies for fading out the use of the restrictive practice – identify a staged plan that outlines how the restrictive practice will be reduced and eventually eliminated over time.

Monitoring and reporting

- Monitoring and evaluation (what monitoring and data collection procedures will take place regarding the use of the restrictive practice). (Who is responsible, how this will be recorded, managed and shared).

10 Appendix 5: Restrictive Practice Schedule and Elimination Plan (Environmental, Mechanical, Physical Restraint or Seclusion)

Environmental, Mechanical, Physical Restraint or Seclusion[8]

- This table is for recording the use of regulated restrictive practices other than chemical restraint.
- Copy and paste this table for each regulated restrictive practice being used.

Restrictive Practice schedule and elimination plan (other than chemical restraint) details	**Required information**
Implementing Provider business name	Enter text here.
Implementing Provider service location	Enter text here.
Administration type	Choose an item.
Restrictive practice type	Choose an item.
Sub-type (refer to Appendix A of the NDIS Comprehensive Behaviour Support Plan June 2019)	Enter text here.
Sub-type if other	Enter text here.
Is authorisation required?	Choose an item.
Has authorisation been received?	Choose an item.
Authorisation status	Choose an item.
Authorisation received from	Enter text here.
Authorisation start date	Choose date here.
Authorisation end date	Choose date here.

[8] NB: The above table is taken from the NDIS Comprehensive Behaviour Support Plan Template (June 2019): https://www.ndiscommission.gov.au/document/1441
It has been placed in an accessible format.

Rationale for the Restrictive Practice

(Why do we need to implement this practice)

1. Circumstances in which the restrictive practice is to be used (include information about when, where, location, time, how).
2. Statement of how this will be used only as a last resort in response to a risk of harm to the person with disability and/or others, and after the implementing provider has explored and applied other evidence-based, person-centred and proactive strategies.
3. Description of the anticipated positive and negative effects of using the restrictive practice on the person.
4. Statement of why the restrictive practice is the least restrictive way of ensuring the safety of the person and others.
5. Statement of how this is in proportion to the potential risk of harm to the person and/or others.
6. Statement of how this will be used for the shortest possible time to ensure the safety of the person with disability and/or others.

Elimination/Fade-out plan

(This should outline how the restrictive practice will be gradually reduced based on when the behavioural goals outlined above are achieved)

- Strategies for fading out the use of the restrictive practice – identify a staged plan that outlines how the restrictive practice will be reduced and eventually eliminated over time.

Monitoring and reporting

- Monitoring and evaluation (what monitoring and data collection procedures will take place regarding the use of the restrictive practice). (Who is responsible, how this will be recorded, managed and shared).

[Last updated April 2021]

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