



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

Stage Two

(Updated September 2023)

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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 National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework (2016), the State Government is responsible for establishing arrangements for the authorisation of restrictive practices in NDIS services in WA.

Communities' [Authorisation of Restrictive Practices In Funded Disability Services](#) Policy (the 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 provide support and guidance for implementation of the Policy, which will operate for an interim period while legislation is being developed.

2 Scope

2.1 In-scope for the Policy

- Regulated restrictive practices as defined in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (refer to Appendix 1). 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 (defined in Appendix 1) that operate in WA.
- A therapeutic or safety device or practice, where a person objects to its application. This is considered a regulated restrictive practice and authorisation is required.

2.2 Out of scope for the Policy

- **Prohibited practices** (outlined in Appendix 1). These must not be authorised under the Policy.
- **Therapeutic or safety devices or practices.** Some devices or practices used for therapeutic or safety purposes impose limitations on a person's freedoms but do not constitute a regulated restrictive practice and do not require authorisation. Where the

person with disability objects to a therapeutic or safety device or practice, its application is considered a regulated restrictive practice and authorisation is required in accordance with the Policy. Implementing Providers must:

- ensure an appropriate medical and/or allied health assessment is undertaken to determine when a device or practice is being used for therapeutic or safety purposes.
- ensure clear instructions are in place regarding the use of such devices or practices.

Use of a therapeutic or safety device or practice outside of instructions for use may:

- constitute a restrictive practice and therefore be considered in scope of the Policy
 - be considered a prohibited practice.
- **Management of non-intentional risk** (outlined in Appendix 1). Non-intentional risk behaviours are involuntary behaviours that occur without serving a purpose for the person with disability. Strategies to manage non-intentional risk behaviours do not require authorisation. Implementing Providers must:
 - ensure an appropriate medical and/or allied health assessment is undertaken to determine whether the behaviours serve a function for the person or are non-intentional risk behaviours.
 - **Court orders.** Where a practice that would otherwise be a regulated restrictive practice is occurring under the terms of a court order authorisation is not required.

3 Responsibilities

3.1 The NDIS Quality and Safeguards Commission (NDIS Commission)

- Implement the NDIS Quality and Safeguarding Framework (2016).
- Specify 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.
- Implement the NDIS Positive Behaviour Support Capability Framework for Behaviour Support Practitioners, including determining suitability of Behaviour Support Practitioners.
- Oversee behaviour support practitioners and NDIS funded implementing providers who use behaviour support strategies and restrictive practices, including provider registration.
- Quality-assure Behaviour Support Plans (BSPs) submitted by Behaviour Support Practitioners.
- Provide guidance to behaviour support practitioners, implementing providers, people with disability and their key stakeholders.
- Receive and review implementing provider reports on the use of restrictive practices.

3.2 Department of Communities

- Publish and maintain a policy framework and procedure guidelines for restrictive practice authorisation.
- Provide information, education and guidance on the restrictive practice authorisation process to facilitate development and compliance.
- Provide information and guidance for providers on the development of their internal policies and procedures.

3.3 Implementing Providers

- Implement the Policy, including developing and following relevant policies and procedures.
- For people with disability who require support to make decisions, use strategies to facilitate supported decision-making so they can have the support they need to make decisions and to communicate their needs and choices.
- Support participants to make and resolve complaints.
- Ensure an appropriate medical and/or allied health assessment is undertaken to determine whether the behaviours serve a function for the person or are non-intentional risk behaviours.
- Ensure an appropriate medical and/or allied health prescription of therapeutic and safety devices has occurred, and clear instructions are available and understood by those charged with implementation.

3.4 NDIS Behaviour Support Practitioners

- Meet the suitability requirements against the NDIS Positive Behaviour Support Capability Framework and complete the assessment process with the NDIS Commission to confirm suitability.
- Comply with the requirements for BSP development outlined in these Procedure Guidelines.
- Serve as external independent members on Quality Assurance Panels (QA Panels) convened by Implementing Providers (optional) in accordance with the requirements outlined in these Procedure Guidelines.

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.

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. Stage One 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 a mandatory independent review of the BSP and proposed restrictive practices by a QA Panel.

The evidence for authorisation in Stage Two is the completed Quality Assurance Outcomes Summary Report (Template to be used for this purpose is provided in Appendix 2).

4.1 Behaviour Support Plan (BSP)

4.1.1 Consultation during preparation of the BSP

The NDIS Behaviour Support Practitioner must meet and engage with the person they are developing the BSP for, to develop an understanding of their needs. It is recommended that the communication, needs and preferences of the person with disability are explored using principles of supported decision-making.

The NDIS Behaviour Support Practitioner must also engage and collaborate with all key stakeholders in the person's life to develop an appropriate understanding of the person with disability's needs from their perspective, as well as the needs of those who support the person. It is important to engage with the person's key stakeholders. It is also important to collaborate with the Implementing Provider to ensure that the BSP captures the context in which supports are being provided and is suitable to implement for the provider.

The positive behaviour support (PBS) approach is relevant to the way people with disability are engaged, including when restrictive practices are used. This approach includes:

- Working in partnership - paying attention to the quality of the relationship, and making sure the person with disability feels safe and valued.
- Having a strengths-based focus - recognising the person's strengths and abilities, building on these where required, to bridge any gaps in decision-making capacity.
- Focusing on needs - using curiosity and openness to help the person to understand their needs and the supports that may be the best fit for them.

4.1.2 Restrictive practices must be clearly defined within the BSP

The NDIS Behaviour Support Practitioner must:

- Ensure any restrictive practice(s) are clearly identified in the BSP.
- Ensure any restrictive practice(s) are only used in response to a behaviour of concern, where that behaviour poses a risk of harm to the person with disability and/or others.

The BSP must address each of the principles for the use of restrictive practices, detailed below. These five principles are central to the authorisation process detailed in section 4.2 below.

Principles for the use of restrictive practices

1. **Last Resort Principle:** the restrictive practice must be used only as a last resort in response to a risk of harm to the person with disability or others, and after the Implementing Provider has explored and applied other evidence-based, person-centred and proactive strategies.
2. **Least Restrictive Approach Principle:** the restrictive practice must be the least restrictive response possible in the circumstances to ensure the safety of the person or others.
3. **Reduce Risk of Harm Principle:** the restrictive practice must reduce the risk of harm to the person with disability or others relative to the risk of harm presented without the use of the restrictive practice.
4. **Proportionality Principle:** the use of the restrictive practice must be in proportion to the potential negative consequence or risk of harm of not using the restrictive practice.
5. **Shortest Possible Time Principle:** the restrictive practice must be used for the shortest possible time to ensure the safety of the person with disability or others.

4.1.3 Elimination and Reduction Plans

The NDIS Behaviour Support Practitioner must include (or refer to) an elimination and reduction plan which outlines the steps to reduce and eliminate the use of restrictive practice(s) over time.

Appendices 3 and 4 provide examples of how the above information about restrictive practice use can be documented.

4.2 Regulated Restrictive Practice QA Panel

4.2.1 Composition and operations of a QA Panel

A QA Panel is mandatory at Stage Two of the Policy to achieve authorisation of restrictive practices.

Decision-making Members

A QA 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 who is not the BSP author and not employed by the Implementing Provider.

Other Attendees

Other people, who do not have a decision-making role, may attend the QA Panel, such as the person the plan is about, the author of the BSP as well as other key stakeholders around that person with disability. Attendance at the QA Panel should be decided in accordance with the Implementing Provider's policies and procedures, and the person with disability's specific circumstances.

QA Panel format and multiple implementing providers

There is no requirement for QA Panel meetings to be face-to-face. Telephone, teleconference and online videoconferencing facilities may be used.

In circumstances where there are multiple providers implementing the restrictive practice(s) captured in a BSP for the same person, the Implementing Providers should come together to contribute to the QA Panel process and its outcome.

Implementing provider responsibilities

Implementing Providers must:

- Develop internal policies and procedures to govern the operations of any QA Panel they convene.
- Identify and manage perceived, potential and actual conflicts of interest related to authorisation of restrictive practices.
- Convene or attend QA Panel meetings.
- Appoint a Chair for the QA Panel.
- Arrange for an independent external NDIS Behaviour Support Practitioner to attend the QA Panel as a decision-making member.
- Arrange administrative support for the QA Panel.

- Ensure the NDIS reporting requirements for notification of authorisation are met. The NDIS Commission should be contacted for enquiries related to use of the NDIS Behaviour Support Portal.

Preparation for QA Panel

A number of factors can assist smooth running of a QA Panel process. Some points for consideration when reviewing information to be submitted to the QA Panel are included here:

- Is the BSP current (i.e. not expired)?
- Have the BSP and associated documents been sent to the independent external NDIS Behaviour Support Practitioner with sufficient time to read and review before the QA Panel?
- Are all restrictive practices that are currently used or proposed included in the BSP?
- Are the restrictive practices clearly described?
- Is there sufficient information in the BSP to address the principles for the use of the identified restrictive practice(s)?

Independent external NDIS Behaviour Support Practitioner responsibilities

Independent external NDIS behaviour support practitioners must:

- act in an impartial way and make decisions based on the objective evidence and information available to support the decision at the time
- identify and manage perceived, potential and actual conflicts of interest related to authorisation of restrictive practices
- contribute relevant expertise and knowledge to support the QA Panel process.

4.2.2 QA Panel Governance

Identifying and managing potential, perceived or actual conflicts of interest

In the context of QA Panels, conflict of interest occurs when the interests of the person with disability subject to restrictive practices may be in conflict with the interests of a decision-making QA Panel member.

A conflict of interest can be actual (conflict is present now), perceived (there is a perceived conflict) or potential (conflict is a possibility). A conflict of interest can arise from the intent to avoid personal losses as well as gaining personal advantage - whether financial or otherwise. Situations which pose competing priorities, roles or obligations can indicate a conflict of interest may be occurring.

All decision-making members of the QA Panel must:

- declare identified conflicts of interest (actual, potential or perceived) to other QA Panel members as soon as possible; and
- determine the appropriate mitigation actions.

Where the conflict of interest can be appropriately addressed with the decision-making member participating on the QA Panel, the identified conflicts of interest and the mitigation actions taken must be recorded and included in the QA Panel Outcome Summary Report Template (Appendix 2).

Process of review against the principles

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

In undertaking the review, the QA Panel must ensure:

- all restrictive practices documented in the BSP are reviewed against each of the five principles and considered as met or not met
- all five principles are met when approving a restrictive practice.

Questions about whether a restrictive practice documented in the BSP meets the definition of a restrictive practice should be clarified prior to QA Panel.

Appendix 5 contains a prompt guide to support review of restrictive practices against the five principles for use of a restrictive practice. This resource includes some questions for consideration against each principle which can be used to assist QA Panels to determine whether to approve a proposed restrictive practice.

4.2.3 The QA Panel's approved/not approved decision

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

- be supported by all decision-making QA Panel members
- specify the length of time for which the authorisation applies, where the authorisation expiry must:
 - not exceed 12 months. A shorter period may be deemed appropriate in many circumstances.
 - be no later than the expiry date of the BSP.
- be recorded in the QA Panel Outcome Summary Report signed by decision-making QA Panel members (see Appendix 2). This step is mandatory at Stage Two.

There must be only one QA Outcome Summary Report for a person with disability for each QA Panel process, including when multiple Implementing Providers use the same QA Panel for authorisation.

Reasons for decisions should be listed in the QA Panel Outcome Summary Report, including recommendations for follow-up prior to future QA Panel meetings.

Expiry of Authorisation Approval

Approval remains valid until such a time as one or more of the following occurs:

- the authorisation date expires
- the BSP is reviewed or changed.

If the BSP requires a change at any point within the authorisation period, then all restrictive practices in the revised BSP need to be re-presented at a QA Panel for a new authorisation decision. This needs to occur regardless of whether any restrictive practices included in the revised BSP have been previously authorised and/or the authorisation period has not yet expired for those restrictive practices.

5 Further Information/Enquiries

For information and guidance about the Policy, these Procedure Guidelines and QA Panels, enquiries should be directed to:

Email: arp@communities.wa.gov.au

Further information and resources to support Policy implementation, including a range of information sheets, can be accessed on the [Policy website](#).

Implementing Providers and Behaviour Support Practitioners may seek information and guidance from the NDIS Commission regarding BSP requirements, reporting, Implementing Provider registration and Behaviour Support Practitioner suitability requirements.

The NDIS WA Behaviour Support Team can be contacted at:

Email: wabehavioursupport@ndiscommission.gov.au

Phone: 1800 035 544

Document control

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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
2	September 2023	Behaviour Support Consultancy Team	Procedure Guidelines for Authorisation of Restrictive Practices in Funded Disability Services – Stage Two

Appendix 1: Definitions

Implementing Provider

Implementing Provider means any service provider that is funded through the NDIS or by Communities to deliver disability services for a person with disability.

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 involuntary behaviours that occur without serving a purpose for the person with disability. One example of a non-intentional risk behaviour is accidental movements due to a physiological or neurological condition (for example, tardive dyskinesia) that may result in another person being inadvertently struck by the person with disability. Further information about non-intentional risk behaviours can be accessed in the Non-intentional Risk Behaviour Information sheet on the Policy website under 'Restrictive Practices Resources'.

Prohibited practices

Prohibited practices are those that must never be used.

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.

Prohibited punitive approaches include:

- 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:** 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:** 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:** 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:** 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:** 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 is an employee of the Implementing Provider with sound operational knowledge and relevant experience in behaviour support and restrictive practices consistent with the Authorisation of Restrictive Practices in Funded Disability Services Policy.

Appendix 2: Quality Assurance Panel Outcome Summary Report (September 2023)



Department of
Communities

Quality Assurance Panel Outcome Summary Report

1. Panel meeting date: Choose date here.

2. Person with disability

Details	Required information
Full name	Enter text here.
Participant ID (Required in context of NDIS services only)	Enter text here.
Behaviour Support Plan ID (Required in context of NDIS services only)	Enter ID here or write NA.
Date of birth	Choose date here.
Address	Enter text here.
Suburb	Enter text here.
State	Choose
Postcode	Enter text here.

3. Implementing Provider(s)

(Copy and paste tables below if required.)

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

4. NDIS Behaviour Support Practitioner – BSP author

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

5. Panel Attendance

(Copy and paste tables to add decision-making members and others if required. As a minimum, the Quality Assurance Panel must include a senior manager or delegate of the Implementing Provider and independent external NDIS Behaviour Support Practitioner).

Decision-making Panel Member

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

Decision-making Panel Member

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

Other Attendees

(This may include the person for whom the plan is about, author of BSP or key stakeholders as deemed appropriate.)

	Required information
Name	Enter text here.
Job Title/Role	Enter text here.
Organisation (if Applicable)	Enter text here.

6. Conflict of Interest Notification

Description of identified actual, potential and/or perceived Conflicts of Interest and Mitigation Steps Taken	Required Information
Identified perceived/potential or actual conflict of interest	Enter text here or indicate NA if not applicable.
Mitigation Steps Taken	Enter text here or indicate NA if not applicable.

7. Supporting documents

(Delete or add rows as required.)

Document name	Document description – include dates, type of BSP (interim or comprehensive)
BSP (required)	Enter text here.
Restrictive Practice(s) Elimination Plan (Required separately if not included in BSP)	Enter text here.
Outcome Summary Report from previous Quality Assurance Panel(s) (required)	Enter text here.
Enter text here.	Enter text here.

8. Authorisation decision(s)

(Add tables as required. Each restrictive practice is to be in a separate table.)

Restrictive practice 1	
Regulated restrictive practice Category	Choose an item.
Describe restrictive practice here (as described in the BSP)	Enter text here.
Behaviour of concern (as detailed in the BSP)	Enter text here.
Implementing Provider(s)	Enter text here.
Authorisation Decision	Choose an item.
Reason for decision/Recommendations – please detail in reference to the Principles for the use of restrictive practice outlined in [refer to section 4.1.2 of the Procedure Guidelines (Stage Two)]: Principle 1 – Last Resort Principle 2 – Least Restrictive Principle 3 – Reduces Risk of Harm Principle 4 – Proportionality Principle 5 – Shortest Possible Time	Reasons (Provide details of reasons) Enter text here. Recommendations (Provide details for what is needed to support future authorisation review) Enter text here.
Authorisation expiry date [refer to section 4.2.3 of the Policy Procedure Guidelines (Stage Two)].	Choose date here.

9. Documents required for next Quality Assurance Panel

Document details	Check if applicable
BSP	Required
Restrictive Practice(s) Elimination Plan (if not included in BSP)	Enter text here.
Outcome Summary Report from previous Quality Assurance Panel(s)	Required
Enter text here.	Enter text here.

10. Decision-Making Panel Member declarations

(Add members if required.)

Decision-making Quality Assurance Panel Member 1

I declare that:

- a) I have followed the requirements of the Authorisation of Restrictive Practices in Funded Disability Services Policy (the Policy), as detailed in the Procedure Guidelines (Stage Two, updated September 2023) and fulfilled my role as decision-maker on this Quality Assurance Panel accordingly.
- b) I have considered and declared any conflicts of interest and recorded those and required mitigation steps within Table 6 of this QA Panel Outcome Summary Report.

Name: Enter text here.

Signature: Enter text here.

Date: Enter text here.

Decision-making Quality Assurance Panel Member 2

I declare that:

- a) I have followed the requirements of the Authorisation of Restrictive Practices in Funded Disability Services Policy (the Policy), as detailed in the Procedure Guidelines (Stage Two, updated September 2023) and fulfilled my role as decision-maker on this Quality Assurance Panel accordingly.
- b) I have considered and declared any conflicts of interest and recorded those and required mitigation steps within Table 6 of this QA Panel Outcome Summary Report.

Name: Enter text here.

Signature: Enter text here.

Date: Enter text here.

Note: Implementing providers must not change the formatting or integrity of this document.

Appendix 3: Restrictive Practice Schedule and Elimination Plan (Chemical Restraint)

This restrictive practice schedule is included as an example of how information about restrictive practice use can be documented. This could form part of a BSP or an attachment to a BSP.

Chemical restraint

- 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.

Medication information

- **The following can be used as a summary of medication information but should not be used for administration purposes.**
- Medication should only ever be administered from a current medication chart as prescribed 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 of administration	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

Circumstances in which the restrictive practice is to be used (include information about when, where, location, time, how):

Explanation of how the Principles are met in the context of this BSP

(Provide a description below each principle to summarise the evidence in the plan that demonstrates this principle has been addressed)

1. **Last Resort Principle:** the restrictive practice must be used only as a last resort in response to a risk of harm to the person with disability or others, and after the Implementing Provider has explored and applied other evidence-based, person-centred and proactive strategies.
2. **Least Restrictive Approach Principle:** the restrictive practice must be the least restrictive response possible in the circumstances to ensure the safety of the person or others.
3. **Reduce Risk of Harm Principle:** the restrictive practice must reduce the risk of harm to the person with disability or others relative to harm that exists prior to the use of the restrictive practice.
4. **Proportionality Principle:** the use of the restrictive practice must be in proportion to the potential negative consequence or risk of harm of not using the restrictive practice.
5. **Shortest Possible Time Principle:** the restrictive practice must be used for the shortest possible time to ensure the safety of the person with disability 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, evaluation and reporting

- What monitoring and data collection procedures will take place regarding the use of the restrictive practice? Specify:
 - What data will be collected/monitored?
 - Who is responsible for collecting data?
 - What data be shared by whom, with whom and how often?
 - How will this data be used?

Appendix 4: Restrictive Practice Schedule and Elimination Plan (Environmental, Mechanical, Physical Restraint or Seclusion)

This restrictive practice schedule is included as an example of how information about restrictive practice use can be documented. This could form part of a BSP or an attachment to a BSP.

Environmental, Mechanical, Physical Restraint or Seclusion

- 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 if other	Enter text here.

Rationale for the restrictive practice

Circumstances in which the restrictive practice is to be used (include information about when, where, location, time, how):

Explanation of how the Principles are met in the context of this BSP

(Provide a description below each principle to summarise the evidence in the plan that demonstrates this principle has been addressed)

1. **Last Resort Principle:** the restrictive practice must be used only as a last resort in response to a risk of harm to the person with disability or others, and after the Implementing Provider has explored and applied other evidence-based, person-centred and proactive strategies.
2. **Least Restrictive Approach Principle:** the restrictive practice must be the least restrictive response possible in the circumstances to ensure the safety of the person or others.
3. **Reduce Risk of Harm Principle:** the restrictive practice must reduce the risk of harm to the person with disability or others relative to harm that exists prior to the use of the restrictive practice.
4. **Proportionality Principle:** the use of the restrictive practice must be in proportion to the potential negative consequence or risk of harm of not using the restrictive practice.
5. **Shortest Possible Time Principle:** the restrictive practice must be used for the shortest possible time to ensure the safety of the person with disability 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

- What monitoring and data collection procedures will take place regarding the use of the restrictive practice? Specify:
 - What data will be collected/monitored?
 - Who is responsible for collecting data?
 - What data be shared by whom, with whom and how often?
 - How will this data be used?

Appendix 5: Prompt Guide to support Review of Restrictive Practices against the five principles for use of a restrictive practice [section 4.1.2 Procedure Guidelines (Stage Two)]

Taking a Positive Behaviour Support approach: quality of life, strength and needs

What are we curious about in relation to:

- the person's strengths, needs and quality of life
- the unmet needs underlying the behaviour
- the needs of the support team?

How has the person with disability been engaged and their voice heard?

Restrictive Practice – considerations against the principles [section 4.1.2 Procedure Guidelines (Stage Two)]

Restrictive Practice Under Consideration:

Principles	What to consider	Principle met?	Notes	Feedback/actions for follow-up
1. Be used only as a last resort in response to a risk of harm to the person with disability or others, and after the implementing provider has explored and applied other evidence-based, person-centred and proactive strategies	<p>Does the person's behaviour present a risk of harm to them and/or to others?</p> <p>Considering the circumstances, has there been reasonable exploration and implementation of evidence-based, proactive, person-centred supports?</p> <p>Is there a logical link between proactive strategies and the needs of the person and the hypothesised function of the behaviour?</p>	Met/Not Met		

Principles	What to consider	Principle met?	Notes	Feedback/actions for follow-up
2. Be the least restrictive response possible in the circumstances to ensure the safety of the person or others	<p>Have less restrictive options been trialled or considered previously? If so, why were they discontinued?</p> <p>Considering the range of restrictive practices, is this the least restrictive option possible at this point in time?</p> <p>Would using a less restrictive practice result in increased risk of harm?</p>	Met/Not Met		

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3. Reduce the risk of harm to the person with disability or others	<p>Is the restrictive practice in place to reduce the risk of harm, and not for reasons such as lack of staff availability?</p> <p>Could the restrictive practice potentially increase risk of harm? (e.g. risk of psychological harm/distress or harm to the person's relationships, impact on social inclusion in the community, impact on skill development, impact on overall quality of life)</p> <p>Can the restrictive practice be implemented safely?</p>	Met/Not Met		

Principles	What to consider	Principle met?	Notes	Feedback/actions for follow-up
4. Be in proportion to the potential negative consequence or risk of harm	Does risk of harm from the use of the restrictive practice equal or outweigh the risk of harm from the behaviour?	Met/Not Met		
5. Be used for the shortest possible time to ensure the safety of the person with disability or others	<p>Each time the restrictive practice is used, is it used for the shortest possible time?</p> <p>Is there a reduction and elimination plan that details the timeframe over which the restrictive practice will be used and shows how the practice will be faded out over time?</p>	Met/Not Met		

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