

Regulated Restrictive Practices **As defined by the NDIS Quality and Safeguard Commission**

A restrictive practice is a **regulated restrictive practice** if it is or involves any of the following:

- (a) **seclusion**, which 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;

Common examples: time out in a room/area where the door is shut or the person is not allowed to leave the area.

- (b) **chemical restraint**, which 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;

Common examples: When a person is prescribed a medication that is given every morning, and the medication is to manage their behaviour or agitation. When a person is given medication when they become agitated or angry to help them to calm down.

- (c) **mechanical restraint**, which 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;

Common examples: a seat belt buckle is placed on a seat belt to prevent a person taking their seat belt off in the car. A wheelchair table top is put on a wheelchair for the purpose of preventing the person from getting out of their wheelchair.

- (d) **physical restraint**, which 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.

Common examples: Physically holding a person's hands to prevent them from hitting themselves. Using physical force to move a person.

- (e) **environmental restraint**, which restrict a person's free access to all parts of their environment, including items or activities.

Common examples: Locking the fridge or kitchen cupboards to prevent a person accessing food. Locking front and back doors in a home to prevent a person from leaving the house.

It's important to remember that even though a Restrictive practice is used to keep a person safe and protect them. It is still considered to be a Restrictive Practice and must follow the guidelines as rules.

Regulated Restrictive Practice MUST

- Be reported to the NDIS Quality and Safeguard Commission
- Have a Comprehensive behaviour support plan developed for the person by an NDIS Specialist Behaviour Support Provider.
- Be Authorised through the FACS Restrictive Authorisation process

For assistance with Behaviour Support, Restrictive Practices or training in Restrictive Practices please contact Real Therapy Solutions on 1300 856 617