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# Restrictive Practices Schedule

## Purpose

The Restrictive Practices Schedule (“the schedule”) sets out a range of restrictive practices that may be found in disability settings which are implemented by disability service providers. The schedule aims to provide clarity about the different practices, identify restrictive practices that are regulated by the South Australian Restrictive Practices Authorisation scheme, and clarify who can authorise the practices.

The schedule is not a standalone document. It complements the information and requirements set out in the:

* Disability Inclusion Act 2018 (as amended by the Disability Inclusion (Restrictive Practices – NDIS) Amendment Act 2021
* Disability Inclusion (Restrictive Practices – NDIS) Regulations 2021
* Restrictive Practices Guidelines 2022

The regulated restrictive practices outlined in this schedule should only be used in the context of a National Disability Insurance Scheme (NDIS) behaviour support plan that has been developed in consultation with the person with disability, their family, support workers and other key people in the person’s life.

## Authorised Program Officer

Authorised Program Officers (APO) are staff working in registered NDIS services who can authorise Level 1 restrictive practices for that organisation.

## Senior Authorising Officer

## The Senior Authorising Officer (SAO) is the statutory officer appointed under the Disability Inclusion Act 2018 who can:

* Authorise a person who has the qualifications and experience required to be an Authorised Program Officer for a specified registered NDIS provider
* Authorise the use of Level 1 and Level 2 restrictive practices.

## Behaviour of concern that causes a risk of harm

The authorisation of restrictive practices under the South Australian Restrictive Practices Authorisation scheme can only occur in circumstances where a behaviour of concern that causes a risk of harm has been identified and the use of the restrictive practice is required to reduce or minimise that harm.

The legislation/regulations define a risk of harm as:

* The use of force against another person, or an express or implied threat that force will be used against another person.
* Self-harm, or an express or implied threat of self-harm.
* Behaviour that substantially increases the likelihood that physical or mental harm will be caused to the person or to any other person (whether intentionally or unintentionally).
* Causing damage to property, or an express or implied threat that damage will be caused to property (whether the property belongs to the person or any other person).
* Causing human biological material to come into contact with a person or object (whether by directly applying the material to the person or object or otherwise).

## Circumstances that must be referred to the Senior Authorising Officer

## The following circumstances must be referred to the Senior Authorising Officer (SAO) for support and authorisation.

| Circumstances | Considerations |
| --- | --- |
| The use of more than five Level 1 restrictive practices. | Restrictive practices are counted across all categories of restrictive practices and across all service providers for an NDIS participant. If an NDIS participant has three restrictive practices with one provider, two restrictive practices with another provider and one restrictive practice with another provider, the Authorised Program Officers (APO) for these organisations can not authorise these restrictive practices and must refer these to the SAO. |
| Use of physical force to implement any regulated restrictive practice. | The use of physical force to implement a regulated restrictive practice or the use of force to undertake a search to implement a restrictive practice is a physical restraint that must be authorised by the SAO. |
| The use of two or more psychotropic drugs. | This limit applies to the medications prescribed for the purpose of influencing a person's behaviour and not medications to treat a mental health or physical health condition.Where the same medication is being used as a routine medication and a PRN medication this is counted as one psychotropic drug. |
| More than five different drugs. | This limit applies to the medications used for the purpose of influencing a person's behaviour and includes over-the-counter medications as well as those prescribed by a medical practitioner. They do not include medications to treat a medical condition.  |
| Adults under the guardianship of the Public Advocate, where the Public Advocate (or their delegate) does not support the restrictive practice. | While this is not a legal requirement, the authorisation of restrictive practices where the Public Advocate as the guardian disagrees with the behaviour support plan or the need for the restrictive practice (or type of restrictive practice) is more likely to be appealed. |
| Children and young people under the custody or guardianship of the Chief Executive, Department for Child Protection (DCP), where the legal guardian does not support the restrictive practice. | While this is not a legal requirement, the authorisation of restrictive practices where the DCP guardian does not support the restrictive practice is more likely to be appealed. |
| Children and young people under the custody or guardianship of the Chief Executive, Department for Child Protection, where the young person is competent to make decisions about restrictive practices and does not agree to the practice. | While this is not a legal requirement, it recognises that children and young people in care may be at higher risk of trauma through the use of restrictive practices. |
| Where the legal guardians of the NDIS participant are in dispute about the restrictive practice.  | While this is not a legal requirement, authorisation of restrictive practices where the legal guardians are in dispute are more likely to be appealed. |
| Where the APO has been directly involved in the behaviour support planning and/or service delivery for the NDIS participant. | The APO may also refer the matter to another APO within their organisation if one is available, and to the SAO if not. Further guidance may be found in the [Restrictive Practices Manual for Authorised Program Officers](https://www.sa.gov.au/__data/assets/pdf_file/0010/783154/Restrictive-practices-manual-for-authorised-program-officers.pdf).  |
| Where the APO has a personal relationship with the NDIS participant and/or other association that may give rise to an actual or perceived conflict of interest. | The APO may also refer the matter to another APO within their organisation if one is available, and to the SAO if not. Further guidance may be found in the [Restrictive Practices Manual for Authorised Program Officers](https://www.sa.gov.au/__data/assets/pdf_file/0010/783154/Restrictive-practices-manual-for-authorised-program-officers.pdf). |

## Physical Restraints

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 purposes 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 would reasonably be considered exercising care towards a person.[[1]](#footnote-2)

| Description of restrictive practice  | Level | RPS subtype | Examples and considerations  | Authorisation |
| --- | --- | --- | --- | --- |
| Forcibly holding a person, or part of their body to implement another restrictive practice. | 2 | One/two/three-person restraint | For example, using force to apply restrictive clothing, administer a chemical restraint, or remove a restricted item the person is holding.Where force is required to implement another restraint, a separate restrictive practice for the use of physical restraint must be requested. | Senior Authorising Officer |
| Using physical force to undertake a search for items a person is hiding on their person that may be used to harm a person or damage property. | 2 | One/two/three-person restraint |  | Senior Authorising Officer |
| One person escortTwo-person escortThree-person escort | 2 | One/two/three-person escort | An escort is a physical restraint where there is physical force or physical push (e.g. shoulder to shoulder) for the purpose of responding to a behaviour of concern and directing the person to a specific location by the implementing provider.This is usually short term, directional (specific end point or path) and in response to specific behaviours or behavioural triggers. Usually PRN.Where there is intensive supervision to manage behaviours of concern and there is no physical contact with the person, this may be a Level 2 environmental restraint. | Senior Authorising Officer |
| One person restraint Two-person restraintThree-person restraint | 2 | One/two/three-person restraint  | The use of physical force to move or hold a person's body or part of their body. This does not include defensive and blocking movements to prevent physical harm to self. Holding onto a person to remove their hands from a worker’s body/hair is a physical restraint that requires authorisation. | Senior Authorising Officer  |
| Standing restraint | 2 | Standing restraint | This includes physical restraint used in a standing position alongside the person to prevent the person from kicking, harming self or others or sitting by using the staff member’s hands, legs, or other parts to prevent movement. | Senior Authorising Officer |
| Seated restraint | 2 | Seated restraint | This includes physical restraint used in a seated position alongside the person to prevent the person from kicking, hitting out, hitting self, or standing by using the staff member’s hands, legs, or other parts to prevent movement. | Senior Authorising Officer |
| Hand holding | 2 | One-person physical restraint | Where a person is required to hold hands as a response to potential triggers or environmental factors that may result in the person engaging in a behaviour that poses a risk of harm and there is no actual or implied choice. | Senior Authorising Officer |
| N/A | N/A | Where hand holding is requested or initiated by the person and the person does not make any attempts (verbally or physically) to cease hand holding, then this is not a restrictive practice that requires authorisation.Where hand holding is initiated by the worker, due to the person’s physical support needs, or to support a person with community engagement but the worker is not hindering, restricting or influencing the person’s choice of movement or direction then this is not a restrictive practice that requires authorisation. Care must be taken that the worker does not imply that the person is required to hold hands. | No authorisation required |
| Holding a person’s body or limbs during personal care tasks.  | N/A | N/A | This is not a regulated restrictive practice within the restrictive practices authorisation scheme if the person does not display behaviours of concern or resist the physical supports. The person may need additional physical support due to involuntary muscle spasms, seizures or tics. The need for proportionate assistance should be addressed within personal support plans. | No authorisation required |
| 2 | One/two-person physical restraint | Where a person displays a behaviour of concern during personal care tasks (e.g. hitting, kicking others) and the use of physical restraint is required to manage the behaviours, authorisation is required by the Senior Authorising Officer. | Senior Authorising Officer |

## Mechanical Restraint

A 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.[[2]](#footnote-3)

| Description of restrictive practice | Level | RPS subtype | Examples and considerations | Authorisation |
| --- | --- | --- | --- | --- |
| Strollers for children Child harness/child leashes | 2 | Harness or other | The use of strollers, leashes, harnesses for *older children* (beyond normative child development usage) to manage or contain the child’s behaviour (e.g. to stop them running away) is a regulated restrictive practice that must be authorised. | Senior Authorising Officer |
|  | N/A |  | Using child strollers or child harness/leashes for *young children* are not a regulated restrictive practice under this scheme.Use of strollers to support older children and adults to manage their fatigue is not a regulated restrictive practice | No authorisation required |
| Devices used for the purpose of influencing a person’s behaviour. | 1 | SplintsTable/furnitureBeltStrapFabric cuffTray tableOther | These devices are mechanical restraints when used for the purposes of influencing a person’s behaviour and not for postural support or therapeutic treatment (e.g. to support people with involuntary muscle movement, spasms, seizures, or poor balance). Best practice is that these devices have been recommended, prescribed or reviewed by an appropriate health professional (Occupational Therapist (OT) or physiotherapist) within the last two years).If physical force is required to apply the mechanical restraint, the physical restraint must be authorised by the **Senior Authorising Officer.** | Authorised Program Officer |
|  | 2 | SplintsTable/furnitureBeltStrap Fabric cuffTray tableOther | The mechanical restraint must be authorised by the **Senior Authorising Officer** where the mechanical restraint:* has not been recommended by or reviewed by an appropriate allied health professional (OT or physiotherapist) within the last two years, or last 12-months for young people under the age of 18
* are a home-made device, or a modified device not used as identified by the manufacturer.
 | Senior Authorising Officer |
| Bedrails Bed canopy | 1 | BedrailsOther | This is a regulated restrictive practice where the purpose is to keep a person in their bed at night-time to address or manage a person’s behaviour (e.g. wandering at night outside of normative development for young children).The use of bed rails, canopies or other secure features may be considered an environmental restrictive practice/seclusion depending on the design and use of the items (e.g. outside of night-time use). Seclusion must be authorised by the **Senior Authorising Officer.** | Authorised Program Officer |
|  | 2 | BedrailOthers | The mechanical restraint must be authorised by the **Senior Authorising Officer** where the mechanical restraint:* has not been recommended by or reviewed by an appropriate allied health professional (OT or physiotherapist) within the last two years, or last 12 months for young people under the age of 18
* are a home-made device, or a modified device not used as identified by the manufacturer.
 | Senior Authorising Officer |
|  | N/A |  | This is not a regulated restrictive practice where:* the use of device is to ensure a person does not fall out of bed due to muscle spasms or involuntary muscle movements, or an allied health professional has recommended this to support a medical condition.
* where it is being used for a young child in line with normative development and community standards.
 | No authorisation required |
| Protective headgear/helmetsGlovesUse of restrictive clothing (onsies) | 1 | Protective headgearRestrictive clothing | This is a regulated restrictive practice when the item’s purpose is to reduce harm from a person’s behaviour for example, head banging (helmet), scratching body to self-harm (gloves) or smearing of bodily materials (onesie). Should be recommended by an allied health practitioner.If physical force is required to apply the mechanical restraint, the physical restraint must be authorised by the **Senior Authorising Officer.** | Authorised Program Officer |
|  | N/A |  | This is not a regulated restrictive practice where it is:* recommended by an allied health professional, and
* used to treat the person’s medical or therapeutic needs (such as for the primary purpose of preventing head injury in case of frequent falls due to severe epilepsy).
 | No authorisation required |
| Harness (in vehicle in place of a/in addition to a vehicle seat belt). | 1 | Harness | Where the harness is not used primarily for postural support, but to address behaviours of concern, then this is a regulated restrictive practice. | Authorised Program Officer |
| 2 | Harness | Where the harness has not been recommended by or reviewed by an appropriate allied health professional (occupational therapist or physiotherapist) within the last two years, or last 12-months for young people under the age of 18. | Senior Authorising Officer |
| Seat belt buckle cover/lock | 1 | Buckle cover  | Where a seatbelt cover/lock is used to restrain a person when they are not being transported (there is a prolonged period before going to the destination, or after reaching the destination or paused along the way) this is a regulated restrictive practice that requires authorisation.Where a person is secured alone in the car when not being transported this is Seclusion and must be authorised by **the Senior Authorising Officer**. | Authorised Program Officer |
| N/A | N/A | Seat belts are a legal requirement for all. The use of the seat belt cover/lock to provide safety during transport is not a regulated restrictive practice under this scheme.See the NDIS Commission Restrictive Practice Guide Safe Transportation for further guidance.[[3]](#footnote-4) | No authorisation required |
| Dividing screen, window lock or child (door) lock in cars. | 1 | Dividing screenCar lock | If these devices are used to restrain a person when they are not being transported (there is a prolonged period before going to the destination, or after reaching the destination or paused along the way) to prevent from the person accessing an item, object, area, or the driver, this is a regulated restrictive practice that requires authorisation.Where a person is alone in the car when not being transported this is seclusion and must be authorised by **the Senior Authorising Officer**. | Authorised Program Officer |
| N/A | N/A | If these are being used for the purposes of safe travel, then these are not considered to be a regulated restrictive practice under this scheme. | No authorisation required |

## Chemical Restraint

A chemical restraint is the use of medication or chemical substances for the primary purpose of influencing a person’s behaviour. It does not include the use of medicine as prescribed by a medical practitioner, for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or physical condition.[[4]](#footnote-5)

| Description of restrictive practice  | Level | RPS subtype | Examples and considerations  | Authorisation |
| --- | --- | --- | --- | --- |
| Prescribed medication (by a medical doctor) for the primary purpose of influencing a person’s behaviour. | 1 | Dependent on medication type | One psychotropic medication can be authorised by an Authorised Program Officer (APO) as chemical restraint.Where the same psychotropic medication is being used both routinely and PRN, for the purpose of managing behaviour, this is considered to be one medication and can be authorised by the APO. However, this must be recorded in the Restrictive Practices System as two separate restrictive practice authorisations.Chemical restraints that aim to reduce or eliminate a person’s behaviour may include medications provided to influence anxiety, agitation, or mood where there is no diagnosed mental health condition (e.g. generalised anxiety disorder).Chemical restraints should be supported by documentation from the prescribing practitioner that clarifies the primary purpose and use of medication. | Authorised Program Officer |
| 2 | Dependent on medication type | Two or more [psychotropic medications](https://www.agedcarequality.gov.au/resources/psychotropic-medications-used-australia-information-aged-care) to manage behaviour.[[5]](#footnote-6) | Senior Authorising Officer |
| Over the counter medication for the purpose of influencing a person’s behaviour. | 1 | Dependent on medication type | Five or less other medications used to manage behaviours can be authorised by the APO.Examples of over the counter medications include melatonin and antihistamines where they may be used to sedate the person. This being outside of their intended treatment for a sleep disorder or allergies.Over the counter medicines used for the purpose of influencing behaviour should be supported by documentation from the prescribing practitioner that clarifies the primary use of the medication. | Authorising Program Officer |
| 2 | Dependent on medication type | More than five medications to manage behaviour. | Senior Authorising Officer |
| Administration of a drug which is prescribed for the purpose of influencing a person’s behaviour by means of an invasive procedure. | 2 | Dependent on medication type | The administration of a chemical restraint by means of invasive procedures. Examples include, injections, implants to administer medication. | Senior Authorising Officer |
| Hiding chemical restraints in a person’s food or drink (including via PEG feeds) for the primary purpose of concealment. | 2 | Dependent on medication type | Concealment of chemical restraints are recognised as being more intrusive and require authorisation by the SAO. This includes those that could otherwise by authorised by an APO.The concealment of medications to treat a diagnosed condition is not within the scope of the authorisation scheme. | Senior Authorising Officer |
| Hormonal manipulation (female or male). | 2 | Hormonal | Hormonal manipulation to manage sexual behaviours, reduce libido, or suppress menstruation due to a person’s behaviour is a chemical restraint. Regular review is required with the prescribing practitioner.The use of anti-libidinal medication to manage sexually aggressive behaviours should be overseen by a forensic psychiatrist. | Senior Authorising Officer |
| Hormonal management for contraception or medical concerns relating to menstruation. | N/A | N/A | This is not a regulated restrictive practice where:* the person is actively engaged in the decision- making process and can provide consent for the medical treatment, or
* directly requests the treatment as a reproductive choice, or
* it is prescribed by a medical professional for the management of pain associated with menstruation.

The SAO cannot authorise hormonal management for the primary purpose of contraception. A person responsible under the *Consent to Medical Treatment and Palliative Care Act 1995* (including a guardian) may be able to consent to this type of medical treatment if the person does not have the decision-making capacity to do so.  | No authorisation required |
| Crushing medication in a person’s food or drink for safe administration to prevent choking with the knowledge of the person. | N/A | N/A | Not a regulated restrictive practice. It is recommended that a speech pathologist be consulted for the implementation of these strategies.  | No authorisation required |

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## Environmental Restraint

An environmental restraint restricts a person’s free access to all parts of their environment, including items or activities.[[6]](#footnote-7)

| Description of restrictive practice  | Level | RPS subtype | Examples and considerations | Authorisation |
| --- | --- | --- | --- | --- |
| Closed-circuit television (CCTV)  | 1 | Electronic monitoring devices | The use of CCTV to **monitor or modify a person’s behaviour** is a regulated restrictive practice under the Restrictive Practices Authorisation scheme.The use of monitoring devices that only have audio and no visual capabilities are not a regulated restrictive practice under the scheme. | Authorised Program Officer |
| N/A | N/A | Use of CCTV for general employee oversight or security against external parties is not a regulated restrictive practice. The use of CCTV that is implemented and monitored by parents/legal guardians is not a regulated restrictive practice.See the NDIS Commission’s Surveillance Technology Practice Guide for further guidance.[[7]](#footnote-8) For reporting purposes, the NDIS Commission does not generally consider the use of CCTV to be a regulated restrictive practice. | No authorisation required |
| Monitoring devices (e.g. GPS trackers, smart watches worn by the person). | 2 | Electronic monitoring devices | Devices that are worn for the purpose of monitoring the person’s movement and tracking their whereabouts, prevent them from going to a certain location/place or to stop them from wandering must be authorised. | Senior Authorising Officer |
| N/A | N/A | It is not a restrictive practice if the person wears a smart watch for general timekeeping and other functions.See the NDIS Commission’s Surveillance Technology Practice Guide for additional guidance. For reporting purposes, the NDIS Commission does not generally consider the use of surveillance technologies to be a regulated restrictive practice in and of itself. The Commission identifies that surveillance devices may be used to facilitate the use of regulated restrictive practices.  | No authorisation required |
| Withholding ATM card/money | 1 | Restricted access item/object | Where no administration orders exist via South Australian Civil and Administrative Tribunal (SACAT) (with Public Trustee or nominated person), this is regulated restrictive practice that must be authorised.For persons with SACAT administrative orders, where the Public Trustee or nominated person allocates a portion of the person’s income for discretionary spending AND the NDIS provider provides additional limitations on this money due to the person’s behaviour, this is a regulated restrictive practice that requires authorisation (e.g. $70 is allocated by the Public Trustee, and the NDIS provider dispenses $10 per day due to the person’s spending behaviours).  | Authorised Program Officer  |
| N/A | N/A | For persons with SACAT administrative orders, where the Public Trustee or nominated person allocates a portion of the person’s income for discretionary spending, this is not a regulated restrictive practice if no further restrictions are implemented by the NDIS provider. | No authorisation required |
| Restricted access to items or objects.This includes situations where the person agrees to ration items over a scheduled period of time. Their consent should inform the authorisation decision, but what determines whether it is a restrictive practice is whether the restriction is maintained even if the person changes their mind and withdraws consent. | 1 | Restricted access – cigarettes | Where the behaviour of concern creates a health risk for the person, it must be established that the health risk is beyond what any consumer of cigarettes or vaping would experience.  | Authorised Program Officer |
| 1 | Restricted access – alcohol | Where the behaviour of concern creates a health risk for the person, it must be established that the health risk is beyond what any consumer of alcohol would experience. | Authorised Program Officer |
| 1 | Restricted access – food | Where the behaviour of concern creates a health risk for the person, it must be established that the health risk is beyond what any consumer of those foods would experience.Where the restrictive practice relates to a person’s home environment and other restrictive practices have been sought to restrict access to where food items are stored (e.g. locked fridge, locked cupboard, locked pantry) this restrictive practice may not be required.This restrictive practice may be sought to restrict a person from buying certain food items or accessing the food within a community setting where the locking away of those items it not possible. | Authorised Program Officer |
| 1 | Restricted access – sharps | Where the person has restricted access to knives, scissors, and sharp items, this can be sought as a restriction for items, rather than as a locked cupboard/drawer where the item is kept.  | Authorised Program Officer |
| 1 | Restricted access – electronics | Restricted access to electronics can be authorised by the Authorised Program Officer unless:* the device is a primary or significant means of communication for that person, and
* there is no reasonable communication alternative.
 | Authorised Program Officer |
| N/A | N/A | Removing electronic devices/toys to establish reasonable bedtimes for **children** are consistent with community standards and are not a regulated restrictive practice. This should be reviewed in line with the child’s development. | No authorisation required |
| N/A | N/A | Child injury prevention practices for toddlers and young children that are consistent with community standards and are not a regulated restrictive practice include:* locking away chemicals
* locking away medications
* locking away sharp objects.

This should be reviewed in line with the child’s development. | No authorisation required |
| Hardening modifications to homes. | 1 | Restricted access – item/object | Modifications that change the functionality of an item so that it cannot be used as the item was intended (e.g. a cover being locked over a stove top), is a Level 1 restrictive practice.Modifications of this type should be undertaken in collaboration with an appropriate allied health professional (occupational therapist).  | Authorised Program Officer |
| N/A | N/A | Modifications to a home to make the house strong, durable, or reducing the need for repairs of maintenance that do not change the functionality of the item for example, a kitchen table being bolted to the floor or perspex over a TV is not a regulated restrictive practice under the scheme. However the person must continue to have full functionality of the TV including turning it off, changing volume and channels. | No authorisation required |
| Lock- fridge/freezerLock- cupboard(s) | 1 | Lock- fridge/ freezerLock- cupboard(s) | Locking fridges, freezers, and cupboards to manage behaviours of concern (e.g. to prevent choking hazards, use of sharp objects). Avoid locking entire rooms where possible. | Authorised Program Officer |
| Locking of doors and gates  | 2 | Locked external door(s)Locked external gate(s) | To be authorised under the scheme, the following conditions must be met:* it is a residential premises AND
* where NDIS supports, and services are provided on a 24-hour basis AND
* where the person does not have such supports to safely leave the premises at their discretion.[[8]](#footnote-9)

Where these criteria are not met, the locking of the external doors/gates may be considered detention under South Australian legislation (the NDIS Commission categorises this as an environmental restraint).  | Senior Authorising Officer |
| 1 | Locked internal door | For example, locking kitchens, laundries, bathrooms, and other internal doors.Locking an entire room should be avoided where possible and rationale should be provided as to why this is the least restrictive option. | Authorised Program Officer |
| N/A | N/A | Restriction of access to an area where a person is not permitted due to general community standards is not a regulated restricted practice e.g. staff office/sleeping area, rooms of other residents, bathrooms locked while in use, locked utility areas.However, if access to these areas is normally permitted, but is restricted for a particular person, or when a person engages in a behaviour of concern, then this is a restrictive practice that requires authorisation.The locking of external doors or gates for the purposes of security is not a restrictive practice requiring authorisation as long as the person has unfettered access to leave the house at their discretion, either by having access to the mechanism for unlocking the door (key, access code etc) or the support staff do not prevent the person from leaving the property when the wish to, even where the person may be displaying a behaviour of concern. | No authorisation required |
| Restricted access to community | 2 | Restricted access to community | The restriction to the community may include: * preventing someone from accessing an area in the community such as a shopping centre, pub, hotels
* time limits on when the person can go out
* not being able to go to see particular people, including visiting their homes.

Bail conditions or licence conditions impose certain conditions on the person. However, they do not provide a legal basis for an implementing provider to use a restrictive practice to enforce the person’s compliance with these conditions. Where the use of a restrictive practice is required by providers to support the person to meet bail or licence conditions, authorisation will be required from the SAO. | Senior Authorising Officer |
| Restricted access to area | 1 | Restricted access area | Where the person is restricted from an area through a locked door, only one authorisation is required (either locked door or locked area) to reduce duplication of restrictive practices.  | Authorised Program Officer |
| Limitation of access to, or use of, a mobility device to manage behaviours of concern:* not recharging batteries
* the application of brakes.
 | 2 | Other | The SAO may only authorise the limitation of access to a mobility device for short periods during a behaviour escalation.Longer period of restriction may only be authorised where the person has other reasonable means of mobility. If the mobility device is the only means of mobility, this becomes a prohibited restrictive practice. | Senior Authorising Officer |
| Restricted access to the internet/social media/phones. | 2 | Other | If the person is restricted from using phones/the internet/social media to prevent their communication with other people, then this is a regulated restrictive practice that requires authorisation by the SAO. | Senior Authorising Officer |
| 1 | Other | If the person is restricted from using the internet/social media for recreational purposes (e.g. to play games, watch videos, listen to music) this is a regulated restrictive practice that requires authorisation by the APO. | Authorised Program Officer  |
| N/A | N/A | NDIS staff are not obligated to provide people with access to the staff member’s mobile phone or internet access; this is not a regulated restrictive practice that requires authorisation.Restricted access to the internet/social media for children and young people is not considered a restrictive practice where it is in line with community standards for their age. | No authorisation required |
| Intensive supervision (e.g. 1:1, 2:1) | 2 | Intensive supervision | Close supervision or shadowing a person to inhibit or deter the person’s social activity, behaviour, or range of mobility.This close supervision results in stopping or restricting a person’s access to an item or items, to certain environments, to particular people or to participate within the community.There is less proximity than a physical escort. The intensive supervision involves constantly monitoring a person (environmental scanning, looking for triggers, use of prompts and redirections to prevent behaviours of concern) to prevent their access to items, areas, or activities.  | Senior Authorising Officer |
| N/A | N/A | Where a person requires 1:1 or 2:1 supports for reasons unrelated to behaviours of concern (e.g. they need someone to drive them, manage money, provide support for seizures, or falls), this support is not a restrictive practice.Children requiring supervision due to their age and developmental needs is not considered to be intensive supervision requiring authorisation. | No authorisation required |
| Restricted visitors  | 2 | Restricted access to area | Where a person has restrictions on who can visit their home, and they are restricted from unfettered use of their home as they wish. The restriction can only be authorised where it:* is related to their behaviours of concern that create a risk of harm (regulated restrictive practices cannot be used to manage the behaviour of third parties)
* is proportionate to the risk of harm (restriction of all visitors is likely to be disproportionate)
* identifies and mitigates any new risks that are introduced by the restrictive practice (e.g. is the person more likely to abscond from home, engage in unsafe behaviours in the community without support, remain away from home overnight?).
 | Senior Authorising Officer |
| Restricted access to activity | 2 | Restricted access to activity | A person remains in a space with others but is prevented from:* interacting or engaging with others
* engaging in activities or events that others are involved in.

This must be supported by a risk assessment that demonstrates the restriction is because of the risks posed by the person’s behaviour and not as a means of punishment. Where this is a punitive response, this is a prohibited practice. | Senior Authorising Officer |
| Sensor alarmsSensor matsListening devices (baby monitors without video) | N/A | N/A | The use of sensor mats and alarms and the use of listening devices are not a regulated restrictive practice. These items may trigger staff attention which may result in a restrictive practice (e.g. physical restraint, environmental restraint) that must be authorised. | No authorisation required |

## Seclusion

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.[[9]](#footnote-10) In South Australia the regulations provide additional conditions, namely:

* the period of seclusion cannot exceed two hours
* may only occur in an emergency where it is necessary to prevent serious harm to the person or others
* is for the purpose of de-escalation or self-regulation.[[10]](#footnote-11)

| Description of restrictive practice  | Level  | RPS subtype | Examples and considerations | Authorisation |
| --- | --- | --- | --- | --- |
| Seclusion in room | 2 | Own room | Consideration should be given to whether the environment provides the appropriate level of sensory input (or reduction) to support the person to de-escalate. The person must be actively monitored and supported throughout the period of seclusion. A risk assessment should be undertaken. | Senior Authorising Officer |
| * Seclusion in car/vehicle
 | 2 | In car/vehicle | Where a seatbelt cover/lock is used to restrain a person by themselves in a vehicle when they are not being transported, this constitutes seclusion and requires authorisation by the **Senior Authorising Officer**.Seclusion in a vehicle is a high-risk practice. Risk assessment should occur of the environment, including the location of the car, and the weather conditions given the high risk of the person overheating. A protocol for implementation should be developed. | Senior Authorising Officer |
| * Seclusion other room
 | 2 | Other room | This includes circumstances where staff withdraw to a locked space for safety, and the person is secluded by themselves in the remainder of the house and cannot leave as the external doors are locked.Consideration should be given to whether the environment holds any safety hazards and provides the appropriate level of sensory input (or reduction) to support the person to de-escalate. The person must be actively monitored and supported throughout the period of seclusion. | Senior Authorising Officer |

## Prohibited restrictive practices

| Prohibited physical restraints |
| --- |
| There is no requirement that the person implementing the practice intends to cause pain, discomfort, impact to the person’s respiratory and digestive functions or bodies for these practices to be prohibited. |
| Prone/supine restraint  | Taking or holding someone to the floor using your own body weight: face down (supine restraint)/ face up (prone restraint). |
| Physical restraint that restricts or affects a person’s respiratory or digestive function to subdue them. | This includes basket holds and bear hugs, where the support worker wraps their arms around the person’s upper or lower body. |
| Physical restraint that inflicts deliberate pain or discomfort (including hyperextension of joints, or the application of pressure on the chest of a person) to secure compliance. | This includes pin downs and take downs where a person is subdued by being pinned down or forced to free-fall to the floor without support. It also includes any physical restraint that has the effect of pushing the person’s head forward onto their chest. |

| Prohibited punitive practices  |
| --- |
| Psycho-social restraint | Practices that are degrading or demeaning to the person; may be perceived by the person or their guardian as harassment. This involves behaviour of staff that includes:* demeaning tone of voice
* swearing, use of derogatory terms towards the person
* threatening a negative consequence to control an outcome
* manipulation/coercion.
 |
| Denial of key needs | Behaviour of staff to withhold basic human rights as a punishment:* food/drinks/shelter/warmth/cooling
* clothing, shoes
* personal goods/belongings
* positive social interaction
* favoured activity
* communication devices
* practices that limit or deny access to culture.

Where a person’s access to items, activities, people, and practices is restricted due to their behaviours of concern that create a risk of harm, it must be supported by a risk assessment, to identify that the restriction is proportionate, least restrictive and identifies the risks associated with the implementation of the restrictive practice. The provider must ensure the person is aware of and understands to the greatest extent possible that the activity has been postponed or cancelled based on the person’s safety or the safety of others and not as a means of punishment. |
| Aversive interventions  | Any practice which might be experienced by a person as noxious or unpleasant and potentially painful, such as* use of water spray to the face
* application of chilli or noxious substances to prevent items being put in people’s mouths
* application of electric shocks to the person
* use of cold baths or overly hot baths as punishment.
 |
| Response cost  | A punishment of a person who forgoes a positive item or activity because of the person’s behaviour. For example, a planned outing is cancelled because the person did not follow the morning routine. |
| Overcorrection | Any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a situation to its original condition. For example, a person being required to clean the house because they smashed a cup. |
| Exclusion | Any punitive practice that involves staff:* preventing or denying a person from participating in, or being part of, an activity or decision
* deliberately ignoring or not including a person in an activity or decision
* preventing or denying a person from having access to family members, friends, advocates, and peers
* leaving people in bed too late
* putting people to bed too early.

Where a person’s access to activities and other people is restricted due to their behaviours of concern that create a risk of harm, it must be supported by a risk assessment. The provider must ensure the person is aware of and understands that this is because of the risks posed by the person’s behaviour and not as a means of punishment. |

## Version record

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| --- | --- | --- |
| **Date** | **Version** | **Revision description** |
| May 2022 | 1.0 | First publication |
| May 2023 | 2.0 | Second publicationInclusion of Restrictive practices subtype column, amendments to prohibited practices in line with NDIS Commission practice guide, expanded considerations around physical restraint including hand holding and physical escorts, changes to requirements for some restrictive practices to be authorised by the Senior Authoring Officer and additional restrictive practices subtypes added. |

1. National Disability Inclusion Scheme (Restrictive Practices and Behaviour Support) Rules 2018 s.6(d) <https://www.legislation.gov.au/Details/F2020C01087/Download> [↑](#footnote-ref-2)
2. National Disability Inclusion Scheme (Restrictive Practices and Behaviour Support) Rules 2018 s.6(c) <https://www.legislation.gov.au/Details/F2020C01087/Download> [↑](#footnote-ref-3)
3. NDIS Quality and Safeguards Commission, Restrictive Practice Guide Safe Transportation, NDIS Quality and Safeguards Commission, February 2023 version 2. <https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers/safe-transportation> [↑](#footnote-ref-4)
4. National Disability Inclusion Scheme (Restrictive Practices and Behaviour Support) Rules2018 s.6(b)<https://www.legislation.gov.au/Details/F2020C01087/Download> [↑](#footnote-ref-5)
5. Australian Government Aged Care Quality and Safety Commission, Psychotropic medications used in Australia information for aged care, Australian Government, February 2020. <https://www.agedcarequality.gov.au/resources/psychotropic-medications-used-australia-information-aged-care> [↑](#footnote-ref-6)
6. National Disability Inclusion Scheme (Restrictive Practices and Behaviour Support) Rules 2018 s.6(e) <https://www.legislation.gov.au/Details/F2020C01087/Download> [↑](#footnote-ref-7)
7. NDIS Quality and Safeguards Commission, Surveillance Technology Practice Guide, NDIS Quality and Safeguards Commission, August 2022 version 1. <http://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-5313> [↑](#footnote-ref-8)
8. Disability Inclusion (Restrictive Practices – NDIS) Regulations 2021 s.7(2)(a)

<https://www.legislation.sa.gov.au/lz?path=/c/r/disability%20inclusion%20(restrictive%20practices%20-%20ndis)%20regulations%202021> [↑](#footnote-ref-9)
9. National Disability Inclusion Scheme (Restrictive Practices and Behaviour Support) Rules 2018 s.6(a) <https://www.legislation.gov.au/Details/F2020C01087/Download> [↑](#footnote-ref-10)
10. National Disability Inclusion Scheme (Restrictive Practices and Behaviour Support) Rules 2018 s.7(2)(b) <https://www.legislation.gov.au/Details/F2020C01087/Download> [↑](#footnote-ref-11)