

Restrictive Practices Procedure

CPSN is committed to ensuring the organisation is free from discrimination of any kind.

CPSN will ensure an environment that genuinely respects and values all people, customs, cultures, and beliefs.

All CPSN Policies and Procedures are underpinned by the United Nation Convention on the Rights of People with Disabilities (CRPD) 2006.

Record of procedure development	
Version	Date approved
	Date for review
Version 1	February 2026
	February 2028

Responsibilities and delegations	
This procedure applies to:	CPSN Workers
Procedure approval:	CEO
Review of Procedure Compliance	Chief Executive Officer and General Manager, Service Delivery
Specific responsibilities:	CPSN Workers Chief Executive Officer General Manager Service Delivery CPSN Employees with Supervisory Responsibilities

Policy statement

This Procedure describes **how** CPSN implements its Restrictive Practices Policy and Framework. The policy Restrictive Practices Policy and Framework describes CPSN's intention and standard in relation to the use and implementation of restrictive practices and using a least restrictive framework and approach.

Definition

The following definitions apply to this Procedure and its associated Policy:

Employee means a person who is employed by CPSN with wages or salary.

Staff means all the people employed by CPSN or within a specific work area.

Worker means any person engaged by CPSN to perform a service, paid or unpaid, and may include but is not limited to employees, consultants, contractors, employees of a labour hire company, apprentices, trainees, students or volunteers.

Restrictive practice is any practice, device or action that interferes with a person's rights (including to make a decision), or which restricts their free movement.

Regulated (or authorised) restrictive practice (RPP) is any restrictive practice which has been approved by the state or territory government and the NDIS Quality & Safeguards Commission and is included in the client's behaviour support plan.

Behaviour Support Plans are plans written by a Registered Behaviour Support Practitioner and uploaded to the NDIS Quality and Safeguards Commission.

Authorised Reporting Officer (ARO) is one or more of CPSN's workers who is tasked with reporting the use of restrictive practices with the relevant external body on a monthly basis.

PRN (Latin for 'as necessary', Pro re nata) **restrictive practices** include restrictive practices that are in a client's plan, which are only used when a particular behaviour is displayed, not as routine.

Evidence Based, when referring to care or practices, is an approach to care that integrates current, best available research evidence together with clinical expertise and skills, as well as the client's values and preferences. It involves ensuring that those involved in the delivery of supports (including client and family) are aware of and use research evidence to inform their health and healthcare decision making.

Reportable incident is an incident which must be reported to a relevant external body within an expected timeframe.

Chemical restriction involves the use of medication for the primary purpose of influencing a person's behaviour or movement.

Environmental restriction is the denial of free access to all parts of their environment, including items or activities.

Mechanical restriction is the use of a device to prevent, restrict, or subdue a person's movement to control their behaviour.

Physical restraint is the use of physical force to prevent, restrict, or subdue movement of a person's body or part of body to influence their behaviour.

Seclusion is the act of confining a person to a room or space which they cannot exit from or think they cannot exit from.

Procedure

Purpose of this Procedure

This procedure determines the use of restrictive practices by instructing workers as to **how** they need to implement the Policy when carrying out their duties. It enables safe and professional best practice, consistency and an accountability tool against which staff actions and compliance with the Policy can be measured.

The Restrictive Practices Policy and Framework outlines the roles and responsibilities to enable implementation of the policy. These roles and responsibilities are embedded within this procedure.

Procedure

- Be clearly identified in the behaviour support plan
- If the State or Territory in which the regulated restrictive practice is to be used has an authorisation process (however described) in relation to that practice be authorised in accordance with that process.
- Be used only as a last resort in response to risk of harm to the person with disability or others, and after the provider has explored and applied evidence based, person centred and proactive strategies.
- Be the least restrictive response possible in the circumstances to ensure the safety of the person or others.
- Reduce the risk of harm to the person with disability 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 or others.

Development of a Comprehensive Behaviour Support Plan for use of a Restrictive Practice

A functional behaviour assessment is a requirement under section 20 (5) of the NDIS (Restrictive Practice and Behaviour Support) Rules 2018 and the use of a restrictive practice must be detailed in a behaviour support plan and only used within a framework of positive behaviour support. The assessment and behaviour support plan must be developed by a NDIS Quality & Safeguards Commission registered behaviour support practitioner.

Consideration should be given by the behaviour support practitioner as to how to gradually reduce (and eliminate over time) the use of the restrictive practice. These strategies should be included in the behaviour support plan and informed by the functional behaviour assessment.

CPSN is required under the 2018 Rules that the intention to use a restrictive practice is communicated to the person with disability and their family in an accessible format.

CPSN will collaborate with the behaviour support practitioner and the person with disability and with one other to develop and understand the behaviour support strategies.

CPSN is required to keep records on their use of restrictive practices and report use to the NDIS Commission.

If a restrictive practice is used that is not documented in the client's behaviour support plan, CPSN will record the use and report it to the NDIS Quality and Safeguards Commission via the Restrictive Intervention Data System (RIDS), the relevant State/Territory authority as well as the client's family or advocates.

Evidence Based Approaches

CPSN in conjunction with the registered behaviour support practitioner will use an evidence-based approach as required in the 2018 Rules when determining whether to use a restrictive practice. The General Manager, Service Delivery, CEO and/or other approved person will regularly review relevant Legislation and Rules to ensure CPSN is aware of and compliant with current best practice when implementing restrictive practices.

Restrictive Practices Panel

CPSN's Restrictive Practices Panel will include:

- Chief Executive Officer
- General Manager, Service Delivery
- Service Delivery Manager(s)
- Registered Behaviour Support Practitioner as determined by the Panel

The purpose and object of the Restrictive Practices Panel is detailed in the Restrictive Practices Policy and Framework. A Terms of Reference to guide purpose and decision making of the Panel will be developed and added as an Addendum to this Procedure.

Authorised Reporting Officer (ARO) Duties

CPSN's AROs are responsible for reporting the use of PRN and regulated restrictive practices to the NDIS Quality and Safeguards Commission via the Restrictive Intervention Data System (RIDS) on a monthly basis.

If an ARO receives a report of the use of an unplanned or unregulated restrictive practice which meets the criteria of a Reportable Incident, they will prepare a report and submit the Reportable Incident to the NDIS Quality and Safeguards Commission within 7 days of the incident occurring.

Withdrawal of Consent

Where a client (or their representative/guardian) withdraws consent for CPSN to deliver or administer regulated restrictive practices, CPSN will facilitate a risk assessment to determine whether the organisation can continue delivering supports and/or to assess how supports can be delivered while upholding the safety of the client and workers. The risk assessment will be undertaken by the Restrictive Practices Panel, in accordance with the Terms of Reference, and in consultation with relevant Parties as identified and deemed appropriate by the Panel.

Worker Training

CPSN workers will be provided with training in understanding restrictive practices, how to identify the use of a restrictive practice and how to use the least restrictive approaches. Workers who support clients with behaviour support plans and restrictive practices will also be provided individualised training and information about the client

and how to safely and appropriately implement regulated restrictive practices in the least restrictive way. This training will be undertaken by the Registered Behaviour Support Practitioner.

Workers will be trained and supported to understand the difference between routine regulated restrictive practices and PRN restrictive practices as a last resort to prevent harm to clients and others.

Workers must understand that the use of an unplanned restrictive practice which is not documented in a client's behaviour support plan constitutes a Reportable Incident, and that they will inform their manager (and/or Authorised Reporting Officer) within 24 hours of the incident occurring.

Recording Use of Restrictive Practices

All use of restrictive practices will be documented using CPSN's systems and records will be retained for a minimum of seven years, in accordance with legislative requirements.

Review of Procedure

This procedure will be reviewed by the CEO and General Manager, Service Delivery as follows:

- a review of the Restrictive Practices Policy and Framework
- changes in accepted NDIS Legislation and Rules
- Regular review of the implementation of the procedure and improvements identified by staff and behaviour support practitioner and feedback from person with disability and family.

Training plan

Workers will be required to complete the requisite training to understand Restrictive Practices and a zero tolerance approach to abuse, neglect and exploitation.

Workers will require refresher training at least every 2 years or when there has been a change to the client's plan, relevant legislation or NDIS Practice Standards.

Prerequisites

Restrictive Practices Policy and Framework
Human Rights Policy and Framework
NDIS (Restrictive Practices and Behaviour Support) Rules 2018

Maintaining appropriate records

Records will be kept for seven years.

CPSN records are maintained using cloud-based technology systems, covering HRIS, CRM and Operational documentation.

Forms that apply to this procedure

Restrictive Practices Reporting Document

Document Revision History

This document is only valid on the day it was printed.

Who	Version	Date	Description of review
GMSD	V1	February 2026	New procedure to align with policy