



ELIMINATING RESTRICTIVE PRACTICES POLICY

Policy Code: 1132	ELIMINATING RESTRICTIVE PRACTICES POLICY
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Policy Statement

CASS is committed to eliminating the use of restrictive practices and promoting the rights, dignity, and freedom of choice for all participants. It ensures compliance with the NDIS Practice Standards – Behaviour Support and relevant legislative requirements under the NDIS Quality and Safeguards Commission. We believe all participants have the right to live free from unnecessary restraint or control and to be supported in the least restrictive and most respectful manner possible.

Restrictive practices will only ever be used:

- As a last resort,
- For the shortest time necessary,
- In a way that is proportionate to the risk of harm, and
- In accordance with a regulated Behaviour Support Plan, state/territory authorisation, and NDIS Commission requirements.

Restrictive practices will not be used:

- As a punishment; or
- For the convenience of the worker.

CASS Disability Services will continually evaluate and review its use of restrictive practices to inform improvement activities.

Procedures

CASS Disability Services will continually work towards the reduction and elimination of restrictive practices by only using restrictive practices as a last resort to manage behaviours of concern, after all other means have been exhausted.

Restrictive practices will only be used as a last resort and for the least amount of time possible, in accordance with a participant's approved behaviour support plan, with explicit consent attained from the participant or advocate as well as authorisation from the relevant government department. The plan will need to be developed by a registered specialist behaviour support provider. These providers must be registered and certified by NDIS Commission. They are also the only people that can review a BSP.

Where there is no BSP in place, CASS Disability Services will take reasonable steps to facilitate the development of an interim BSP. CASS Disability Services will notify the Commission within 1 month, work with NDIS approved Behaviour Support Practitioner to develop an interim plan within 3 months and comprehensive plan within 6 months.



If a restrictive practice is used that is not documented in the participant's behaviour support plan, CASS Disability Services will record the use and report the incident to NDIS, as well as the participant's family or advocates.

Worker Training

Workers will be provided with training in the appropriate use of restrictive practices and must be familiar with the agreed upon RRP in the participant's behaviour support plan.

Workers must understand that the use of an unplanned restrictive practice which is not documented in a participant's behaviour support plan constitutes a Reportable Incident and will inform Unit Head within 24 hours of the incident occurring.

Use of Restrictive Practices (If Necessary)

Restrictive practices may only be used if:

- The participant has a current NDIS Behaviour Support Plan developed by an NDIS-registered behaviour support practitioner.
- The practice is authorised under state/territory laws.
- The use is reported to the NDIS Commission via the RPA (Restrictive Practices Authorisation) portal.

Incident Reporting

Any unauthorised or emergency use of restrictive practices must be:

- Reported to management immediately,
- Documented in the participant's records, and
- Reported to the NDIS Commission within the required timeframe.

Recording of Restrictive Practice Use

All RRP use will be documented and records kept for a minimum of seven years, in accordance with legislative requirements.

Review and Evaluation

The restrictive practices panel will review the regulated restrictive practices and participant's behaviour support plan annually with an intention to reduce and ultimately eliminate all restrictive practices use.

Documents related to this policy	
Related Policies	Behaviour Support Implementation Policy
Forms, record keeping or other organisational documents	Behaviour Support Plan Data collection Medication chart

Reviewing and approving this policy		
Frequency	Person responsible	Approval
3 years	Unit Head	HAS & DS Committee

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review due
Version 1	17 May 2019	HAS & DS Committee	17 May 2022
Version 2	16 May 2022	HAS & DS Committee	15 May 2025
Version 3	May 2025	HAS & DS Committee	May 2028