# Restrictive Practice Flow Chart

The purpose of this flow chart is to help service providers determine if the use of a restrictive practice is required and their next steps. A restrictive practice must only be used as a last resort and in the least restrictive form to prevent harm to the adult and others.

## Step 1

**Question: Does the adult with an intellectual or cognitive disability behave in a way that causes harm to themselves or others?**

* If you answered ‘yes’ to the question, proceed to step 2.
* If you answered ‘no’ to the question, based on the information provided, you do not require the use of a restrictive practice. This is the completion of the flow chart.

## Step 2

**Question: Does the adult’s behaviour require containment and/or seclusion to prevent harm to themselves or others?**

*Containment* means physically preventing the free exit of the adult from the premises where the adult receives disability services or NDIS supports or services.

*Seclusion* means physically confining the adult alone, at any time, in a room or area from which free exit is prevented.

For example, seclusion is securing an exit with a lock or deploying a barrier to prevent the adult’s free access and access to staff.

An example when an application for a restrictive practice may not be required is if the adult has a skills deficit and the locking of gates, doors and windows (at the service provider’s premises) is used to prevent physical harm being caused to the adult. Please visit our [Locking of Gates, Doors and Windows Policy and Procedure.](https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/policy-procedure-locking-gates-doors-windows.pdf)

For further information, please visit our [‘Containment and Seclusion’ fact sheet](https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/containment-and-seclusion.pdf).

* If you answered ‘yes’ to the question, proceed to step 3.
* If you answered ‘no’ to the question, proceed to step 4.

## Step 3

Based on the information provided, you may submit a [‘Short Term Approval (containment and/or seclusion)’ form](https://www.publicguardian.qld.gov.au/restrictive-practices/restrictive-practices-approval) for assessment to the **Office of the Public Guardian**. This form is also used in conjunction with other restrictive practices where containment and/or seclusion is being applied for.

**Note:** If you are applying for a short term approval from the Public Guardian, please notify the department as soon as possible. You do not need to wait for an outcome. If it is determined by the department that containment and/or seclusion are necessary, then the department will develop the Positive Behaviour Support Plan. A joint application will be made between the service provider and the department to the Queensland Civil and Administrative Tribunal for approval for the use of containment and/or seclusion.

This is the completion of the flow chart.

## Step 4

**Question: For the primary purpose of controlling the adult’s behaviour, is the use of one or more of the following restrictive practices required?**

*Restrictive Practice 1 - Chemical Restraint*

Chemical Restraint means the use of medication for controlling the adult’s behaviour which might otherwise cause harm to themselves or others.

For example, giving an adult prescribed medication to control pushing people and hitting others who are close by.

However, administering medication to the adult for the control of epilepsy is not an example of chemical restraint.

For further information, please visit our [‘Chemical Restraint’ fact sheet](https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/chemical-restraint.pdf).

*Restrictive Practice 2 - Physical Restraint*

Physical Restraint means the use of any part of another person’s body to restrict the free movement of the adult in response to the adult’s behaviour that causes harm to themselves or others.

For instance, using any part of your body to block or redirect the movement of the adult.

An example that doesn’t meet the definition of physical restraint is assisting the adult with daily living or therapeutic activities, such as dressing, eating, or cleaning the adult’s teeth.

For further information, please visit our [‘Physical Restraint’ fact sheet](https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/physical-restraint.pdf).

*Restrictive Practice 3 - Mechanical Restraint*

Mechanical Restraint means the use of a device to restrict the free movement of the adult or prevent or reduce self-injurious behaviour in response to the adult’s behaviour that causes harm to themselves or others.

For example, placing an adult’s hands in gloves to prevent them from scratching themselves.

It is not mechanical restraint if a lap belt/chest belt on a wheelchair is used to assist with postural support. The belt must be prescribed by an Occupational Therapist.

For further information, please visit our [‘Mechanical Restraint’ fact sheet](https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/mechanical-restraint.pdf).

*Restrictive Practice 4 - Restricting Access*

Restrictive Access means restricting the adult’s access to an object, at a place where the adult receives supports or services, to prevent the adult using the object to cause harm to themselves or others.

For example, if an adult is, or has a history of using knives to cause harm to self or others, locking a drawer in which knives are kept.

For further information, please visit our [‘Restricting Access’ fact sheet](https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/restricting-access.pdf).

* If you answered ‘yes’ to the question, proceed to step 5.
* If you answered ‘no or unsure’ to the question, proceed to step 6.

## Step 5

Based on the information provided, you may submit a [‘Short Term Approval Application for the use of Restrictive Practices’ form](https://www.dcssds.qld.gov.au/resources/dcsyw/disability/service-providers/centre-excellence/short-term-approval-application-form.pdf) to the Department.

Before applying for a short term approval, please complete the [Eligibility Calculator](https://www.dcssds.qld.gov.au/our-work/disability-connect-queensland/positive-behaviour-support-restrictive-practices/short-term-approval-eligibility-calculator) to avoid unnecessary delay.

**Note:** If the short term approval application is successful, the service provider must ensure the development of a Positive Behaviour Support Plan, and appointment of a relevant decision maker for restrictive practices (as required) for the ongoing use of the restrictive practice/s.

**Note:** A service provider has an obligation to notify the department about any restrictive practice approvals by using the [Online Data Collection (ODC) portal](https://secure.disability.qld.gov.au/ngo/login.aspx?ReturnUrl=%2fmain_index.aspx). A service provider must notify the department about any short term approvals given within **14 days**, and any other restrictive practice approval within **21 days**. Failure to notify the department within the required timeframe is an **offence** and **penalties/compliance and/or breach notices** may apply under relevant legislations.

This is the completion of the flow chart.

## Step 6

Based on the information provided, you may not require the use of a restrictive practice.

**Note:** Not all restrictive activities meet the definition of a restrictive practice as defined by the *Disability Services Act 2006* (Qld). For additional information, please contact the [NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers/medication-purpose) to determine if a Commonwealth restrictive practice applies to you.

If you are still unsure, please [contact us](https://www.dcssds.qld.gov.au/our-work/disability-connect-queensland/positive-behaviour-support-restrictive-practices/contact-information) for more information.

This is the completion of the flow chart.