

Restrictive Practices Policy

1 July 2021

Version	Date	Authors	Summary of changes
1.0	15/03/19	Robyn Gleeson	Approved by Dr Nick Allsop
2.0	01/07/21	RP Policy Review Working Group	Approved by Dr Nick Allsop
2.1	29/10/21	Document Review Team	Update accessibility and Doc ID applied

Table of Contents

1.	Context	4
2.	Policy principles.....	4
3.	Who does this policy apply to and when?.....	4
4.	Definitions	5
5.	What are icare's Restrictive Practice Authorisation requirements?	8
6.	Restrictive Practice Authorisation (RPA) Panels.....	8
7.	Consent.....	8
7.1	Consent for Children and Young People	8
7.2	Consent for Adults	9
7.3	Provision of consent by Restrictive Practice Authorisation (RPA) Panel in exceptional circumstances	9
8.	Lawful orders.....	9
9.	Using a Restrictive Practice as a one-off crisis response.....	9
10.	Interim Authorisation	10
	Appendix 1: Policy context summary	15
	Appendix 2: Glossary of terms.....	16

1. Context

icare is committed to delivering person-centred support to all of its participants, including those with complex needs such as challenging behaviour.

This policy outlines icare's mandatory requirements for service providers and icare staff when working with participants with challenging behavior in relation to the use of Restrictive Practices.

While it is recognised that different standards currently apply to the regulation and use of Restrictive Practices across different jurisdictions such as aged care, health and education, icare seeks to align with the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector which was endorsed by the COAG Disability Reform Council meeting on 21 March 2014 (2).

Underpinning this policy is the fundamental right of every icare participant to equal and full enjoyment of all human rights and fundamental freedoms without discrimination of any kind, as outlined in the United Nations Convention on Rights of Persons with Disability (UNCRPD) (3).

2. Policy principles

1. icare supports the use of Positive Behaviour Support Plans as best practice when working with participants with challenging behavior.
2. icare supports the reduction and elimination of Restrictive Practices, and to ensure that when they are used, the least restrictive option is implemented.
3. Service providers delivering funded support to icare participants must not use Prohibited Practices at any time.
4. Service providers delivering funded support to icare participants are not to use Restrictive Practices with icare participants without the appropriate authorisation.
5. Any use of a Restrictive Practice by a service provider with an icare participant without a Restrictive Practice Authorisation (RPA) is considered by icare to be an Adverse Event which must be reported to icare within 24 hours of the event occurring.
6. Any proposed use of Restrictive Practices must be documented within the context of a participant's Positive Behaviour Support Plan which has been developed by an experienced Positive Behaviour Support practitioner in

consultation with the participant, their guardian (if applicable) and the service provider delivering support to the participant, prior to being considered for authorisation.

7. All authorised uses of Restrictive Practices with icare participants must be for an authorised time period not exceeding 12 months. Authorisation of Restrictive Practices beyond the maximum 12-month timeframe can only be considered if an updated Positive Behaviour Support Plan recommending continuation of Restrictive Practices is submitted and a new RPA Panel process is completed.
8. Service providers must report to icare any concerns about any use of Prohibited Practices or unauthorised Restrictive Practices by anyone providing support (formal or informal) to a participant.

3. Who does this policy apply to and when?

This policy applies to all service providers who provide funded support to icare participants living in NSW. For participants who reside in states outside of NSW, service providers must comply with the relevant legislative framework applicable in that state.

The policy is effective from 1 June 2019.

icare staff are required to uphold this policy and facilitate participant access to a Positive Behaviour Support practitioner where challenging behaviours are identified. icare has an internal data collection and reporting mechanism overseen by its Safeguarding Governance Committee, which reflects its commitment to the reduction and elimination of the use of Restricted Practices with its participants.

icare acknowledges that currently there are some gaps in the approach to the reduction and elimination of Restrictive Practices across jurisdictions which may impact on its participants (e.g. health, aged care and education). In these circumstances, service providers must report to icare any known, suspected or observed use of Prohibited Practices or Unauthorised Restrictive Practices with icare participants in other jurisdictions or service settings and request that icare investigate this further.

icare also has a role in actively promoting Positive Behaviour Support as a best practice intervention in responding to challenging behavior and in highlighting the potential impact of restrictive

practices on quality of life to participant's families and informal support networks.

4. Definitions

Prohibited Practice

A Prohibited Practice must never be used. A Prohibited Practice is any practice which interferes with a participant's basic human rights, is unlawful or unethical in nature, and is incompatible with the objects and principles of the Disability Inclusion Act 2014. A Prohibited Practice includes any of the following:

1. **Aversion**, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful.
2. **Overcorrection**, which is any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the event occurred.
3. **Misuse of medication**, which is administration of medication prescribed for the purpose of influencing behaviour, mood or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist or pediatrician.
4. **Seclusion of children or young people**, which is isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave for the duration of a particular crisis or incident.
5. **Denial of key needs**, which is withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports
6. **Unauthorised use of a Restrictive Practice**, which is the use of any practice that is not properly authorised and/or does not have validity or does not adhere to requisite protocols and approvals
or any practice that:
 - is **degrading or demeaning** to the person
 - may reasonably be perceived by the person as **psychological abuse, harassment or vilification** (3)

Restrictive Practice

A Restrictive Practice is any intervention and/or practice that is used to restrict the rights or freedom of movement of a person with disability, severe injury or another health condition with the primary purpose of protecting the person or others from harm (4).

Restrictive Practices should only be used in very limited and specific circumstances, as a last resort, and utilising the least Restrictive Practice and for the shortest period of time possible under the circumstances. Restrictive Practices should only be used when they are proportionate and justified to protect the rights or safety of the person or others.

icare's definitions of Restrictive Practices are aligned with the NDIS Quality and Safeguards Commission definitions:

Type	Description
Seclusion	The sole confinement of a person with disability, severe injury or another health condition 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.
Physical restraint	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.
Mechanical restraint	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.
Chemical restraint	The use of medication or chemical substances 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, physical illness or a physical condition. Chemical restraint includes both PRN and routine doses of psychotropic medications for behaviour.
Environmental restraint	A restraint that restricts a person's free access to all parts of their environment, including items and activities.

5. What are icare's Restrictive Practice Authorisation requirements?

Authorisation means the endorsement for identified Restrictive Practices to be implemented by service providers with an individual participant, in a service setting, by particular staff and under clearly defined circumstances.

icare has three requirements for the use of an Authorised Restrictive Practice:

1. a Positive Behaviour Support Plan must be developed by an experienced Positive Behaviour Support practitioner. The plan must be based on a Functional Behaviour Analysis which identifies the reason for the behaviour
2. specific, informed consent must be obtained from the participant or their guardian, and
3. authorisation must be approved and documented by a Restrictive Practice Authorisation (RPA) Panel.

An RPA Panel's decision to authorise the implementation of a Restrictive Practice will be based on relevant supporting information such as the Positive Behaviour Support Plan, completed by an experienced Positive Behaviour Support Practitioner. A critical role of the authorisation process is to

support the reduction and elimination of the use of Restrictive Practices and to ensure that when they are used, the least restrictive option is implemented.

6. Restrictive Practice Authorisation (RPA) Panels

icare convenes Restrictive Practice Authorisation Panels (RPA Panels) to review and determine any proposed use of a Restrictive Practice with an icare participant.

RPA Panels consider the appropriateness of a documented Positive Behaviour Support Plan and evaluate the recommendations as well as the appropriateness of the strategy to achieve the intended outcomes.

As a minimum, an RPA Panel must consist of:

1. the participant's icare contact
2. the Positive Behaviour Support practitioner who has developed the participant's Positive

Behaviour Support Plan and any therapist prescribing equipment or practices which are deemed restrictive (see note about consent)

3. wherever possible, the participant or their guardian (provided the guardian has the authorisation to agree to a restrictive practice)
4. a Senior Manager (or nominated representative) of the service provider involved in implementing the Behaviour Support Plan
5. the external approved case manager (where one is involved)
6. An independent Positive Behaviour Support practitioner must also participate in an RPA Panel meeting if the Positive Behaviour Support practitioner who developed the participant's Positive Behaviour Support Plan is employed or contracted directly by the attendant care service provider.

It is also highly encouraged that an independent Positive Behaviour Support practitioner attend any RPA Panel meeting where there is some contention about the ongoing or proposed use of Restrictive Practice. icare will convene and chair the RPA panel meeting, ensure panel members are contacted, papers distributed, and appropriate parties notified of the RPA panel outcome.

Core to the RPA Panel's decision-making is whether the proposed strategy is the least restrictive option available and whether there are appropriate plans to reduce or eliminate the use of Restrictive Practices for the participant. The RPA Panel's decision to authorise a Restrictive Practice must be unanimous. On making its determination, the panel must specify the length of time for which the authorisation applies for a period not exceeding 12 months. Where a unanimous decision cannot be reached, the Restrictive Practice remains 'unauthorised'.

7. Consent

Consent is the permission given by the participant (where they have the capacity to consent) or the person with authority to consent on the participant's behalf (where they do not have capacity to consent). Specific, informed consent is needed to use a Restrictive Practice as a component of a Positive Behaviour Support Plan. Consent requirements for Restrictive Practices are summarised in Appendix 3.

7.1 Consent for Children and Young People

Consent for a child in relation to a Positive Behaviour Support Plan and Restrictive Practice should be obtained from the parent or guardian. Where a child is under the parental responsibility of the Minister for Families, Communities and Disability Services, consent for the use of a Restrictive Practice, including chemical restraint, must be obtained from the person with parental responsibility. This consent must be documented in the child or young person's Positive Behaviour Support Plan which must be approved by the Executive Director, Child and Family, Community and Justice.

Note: The NSW Guardianship Act 1987 defines a child as being under 18 years of age.

The NSW Children and Young Persons (Care and Protection) Act 1998 distinguishes between a child (under 16 years) and a young person (16-18 years).

7.2 Consent for Adults

Where a participant does not have the capacity to consent to the use of a Restrictive Practice as a component of a Positive Behaviour Support Plan, a legally-appointed guardian is required. In such cases, specific authority to consent may be granted to a guardian by the Guardianship Division of the NSW Civil and Administrative Tribunal. This guardian must be appointed with a Restrictive Practice function.

Where an application to the Guardianship Division has been made, a copy must be provided to the RPA Panel as evidence at the earliest opportunity. Responses from the Guardianship Division to all applications should also be provided to the RPA Panel.

7.3 Provision of consent by Restrictive Practice Authorisation (RPA) Panel in exceptional circumstances

Under certain, exceptional circumstances an RPA Panel can provide consent for the use of Restrictive Practices. This applies only to Environmental Restraint for a maximum of 12 months and is only appropriate where:

- a strategy has been authorised by the RPA Panel, and
- the participant is unable to consent, and
- there is no close friend or relative who can support the participant to consent, and
- in the opinion of the RPA Panel, based on precedent and in consultation with relevant stakeholders, the Guardianship Division is considered unlikely to appoint a guardian with a Restrictive Practice function, or

- an application has been made to the Guardianship Division in accordance with a direction from the RPA Panel, but a decision has not yet been reached, or
- an application has been made but the Guardianship Division has declined to appoint a guardian with a Restrictive Practice function.

8. Lawful orders

In NSW, a range of lawful orders can impose legally binding restrictions on an individual. These orders can direct that supervision, monitoring and management conditions (including electronic monitoring) are imposed on a person who has come into contact with the criminal justice system after they are released into the community.

Lawful orders are considered an 'authorised' Restrictive Practice for the purpose of this policy, however their management is not the responsibility of icare or its service providers.

9. Using a Restrictive Practice as a one-off crisis response

Use of a Restrictive Practice as a crisis response may be required in situations where there is a clear and immediate risk of harm linked to the emergence of a new behavior or a severe escalation in an existing behaviour(s) and there is no Positive Behaviour Support Plan in place to manage this.

In such circumstances, use of a Restrictive Practice may be necessary under the service provider's duty of care to manage the risk. Where this occurs, the use of the Restrictive Practice **is unauthorised and constitutes an Adverse Event** which must be reported to icare within one business day of the event occurring.

A Restrictive Practice should only be used in this way after the service provider has tried to de-escalate the situation using non-restrictive strategies. The service provider should use the minimum amount of restriction or force necessary, the least intrusion and apply the strategy only for as long as is necessary to manage the risk. This type of response should never be used as a de-facto routine behaviour support strategy.

10. Interim Authorisation

Where a provider anticipates that a Restrictive Practice will be needed more than once, it must be included in an interim or comprehensive Positive Behaviour Support Plan and authorisation for its further use must be sought.

In these circumstances, a Senior Manager from the service provider can provide interim authorisation for the use of the Restrictive Practice. In providing interim authorisation, the Senior Manager must consider the following:

1. the participant's interim Positive Behaviour Support Plan
2. specific, informed consent from the participant or their guardian

In providing interim authorisation, the Senior Manager of the provider specifies the length of time for which the interim authorisation applies, which cannot exceed 3 months. The service provider is to notify icare of the interim authorisation and that an updated Positive Behaviour Support Plan is required.

References

1. Restrictive Practices Authorisation Policy – June 2018 Version 1.0, Central Restrictive Practices team NSW Family and Community Services 2018
2. National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector, COAG 2014
3. Article 1, United Nations Convention on the Rights of Persons with Disabilities
4. The NSW Restrictive Practices Authorisation Procedural Guide (June 2018) Version 1.0, Central Restrictive Practices team NSW Family and Community Services 2018
5. ACIA 025 – Procedure for the Management of Serious Event Incident Complaint of an ACIS Certified Provider or ACIA Member, July 2018

Appendix 1: Policy context summary

International

- UN Convention on the Rights of Persons with Disability

National

- National Disability Strategy 2010–2020
- NDIS Quality and Safeguarding Framework
- National Framework for Reducing and Eliminating the use of Restrictive Practices in the Disability Service Sector 2014
- Disability Discrimination Act 1992
- The Privacy Act 1988 and the Australian Privacy Principles (March 2014)
- Australian Community Industry Association (ACIA): Procedure for the Management of a Serious Adverse Event or Serious Reportable Incident involving an ACIS Certified Organisation or ACIA Member.

NSW

- Disability Inclusion Act 2014 and Disability Inclusion Regulation 2014
- NSW Guardianship Act (1987) and Guardianship Regulations 2010
- Child Protection (Working with Children) Act 2012.
- NSW Anti-Discrimination Act 1977
- Mental Health Act 2007
- Mental Health (Forensic Provision) Act 1990
- Work Health and Safety Act 2011 and Work Health and Safety Regulation 2017 (WHS Regulation).
- NSW Child Safe Standards for Permanent Care 2015, NSW Office of the Children's Guardian.
- Child Protection (Working with Children) Act 2012.
- Living in the Community: Putting Children First (July 2002).
- Individual planning for children and young people living in out-of-home care: Policy and practice guide (January 2011).
- NSW Interagency Guidelines for Child Protection Intervention (2006).

icare

- Schedule 4 - Attendant Care and Nursing Services in icare (July 2017)

Appendix 2: Glossary of terms

Term	Definition
Abuse	Abuse refers to sexual assault, physical, emotional, financial and systemic abuse, domestic violence, constraints and Restrictive Practices and to neglect.
Approved Service Provider	icare has contracts with service providers who are approved to deliver particular service types. These include: <ul style="list-style-type: none"> • Attendant Care • Care Needs Assessors • Case Managers • Planning Facilitators (Dust Diseases Care)
Attendant Care Provider	An attendant care provider is a service provider approved to provide support to the participant. They can assist with day-to-day activities such as personal care, medication management, home rehabilitation programs and community participation.
Attendant Care Unit	icare has a team to oversee the panel of Attendant Care Providers. This team ensures compliance with the Attendant Care Service Provider Agreement and can be accessed to trouble shoot or provide advice and support to service providers and icare staff. This team can be contacted at attendantcare@icare.nsw.gov.au
Aversion	An unpleasant stimulus (e.g. an unwanted cold bath, excessive chilli powder on food, liquid sprayed into a person's face etc). Aversion is often used with the intention of manipulating behaviour. Such practices are prohibited.
Capacity	<p>A person has capacity to consent if they are able to demonstrate an understanding of the general nature and effect of a particular decision or action and can communicate an intention to consent (or to refuse consent) to the decision or action.</p> <p>A person's capacity to make a particular decision should be doubted only where there is a factual basis to doubt it. It should not be assumed that a person lacks capacity just because he or she has a particular disability, severe injury or another health condition. A person may have the capacity to exercise privacy rights even if they lack the capacity to make other important life decisions. See also Consent.</p>
Care Needs Assessment	A care needs assessment is funded by icare and conducted by an allied health professional who meets icare's approval requirements. The care needs assessment considers the participant's positive behaviour support plan and the impact this has on the type of attendant care support and any specialised training needed for attendant care workers to deliver supports to the participant.
Care Needs Assessor	A Care Needs Assessor is a service provider approved by icare to assess participant support needs and to make a recommendation about the attendant care support they require.
Challenging Behaviour	<p>Behaviour of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.</p> <p>Any behaviour displayed by a person which is considered challenging or inappropriate by others, or which gives rise to reasonable concern, may be considered as challenging. However, the use of the term challenging should be understood in terms of the social context in which behaviour occurs, rather than a symptom of individual pathology.</p>

Chemical Restraint	<p>The use of medication or chemical substance for the primary purpose of influencing a person's behaviour.</p> <p>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 physical condition.</p> <p>The use of medication on either a routine or PRN basis may constitute chemical restraint.</p>
Children and Young Persons	<p>Under the NSW Children and Young Persons (Care and Protection) Act 1998, a Child is defined as a person under the age of 16 years.</p> <p>A Young Person is defined as a person who is aged between 16 and 18 years.</p>
Consent	<p>Generally, the term consent refers to permission given by a person with capacity to do so, or person(s) with legal authority to do so, on behalf of the person. For consent to be valid it must be voluntary, informed, specific and current. A person must be free to exercise genuine choice about whether or not to give or withhold consent, but it is only genuine if the person giving consent has the capacity and authority to do so.</p> <p>Consent also has specific meaning under the NSW Guardianship Act 1987. See: www.lawlink.nsw.gov.au/opg</p> <p>See also Capacity above.</p>
Critical Incident	<p>An unexpected or unplanned action or event which results in or has the potential to result in actual harm to persons or damage to property.</p>
Functional Behaviour Analysis	<p>An analysis of the possible purposes a behaviour serves in the environment. This is done via careful assessment and systematic evaluation of antecedents and consequences of the behaviour to identify those factors that influence the likelihood of the behaviour occurring.</p>
Guardian	<p>A legally appointed substitute decision-maker granted the authority to make personal, medical, lifestyle and in some cases financial decisions on behalf of a person with decision-making disabilities.</p> <p>See Guardianship Division of the NSW Civil and Administrative Tribunal_ www.ncat.nsw.gov.au</p>
Guardianship Division	<p>The Guardianship Division of the NSW Civil and Administrative Tribunal is a statutory body established under the NSW Guardianship Act 1987. Its function is to consider applications for guardianship of persons 16 years and over who cannot make their own major life decisions.</p>
icare contact person	<p>The icare contact person is the person who has operational responsibility for the participant and has a good understanding of the participant and their circumstances. This person may be the participant's Community Living Facilitator, Coordinator or Rehabilitation Case Manager.</p>
Office of the Children's Guardian	<p>The NSW Office of the Children's Guardian is an independent statutory authority that works to improve the protection of children in NSW by helping organisations, employers and individuals understand the meaning, importance and benefit of being child safe. Its regulatory functions relate to statutory out-of-home care, voluntary out-of-home care, adoption services, and the Working with Children Check and child safe organisations.</p> <p>www.kidsguardian.nsw.gov.au/about-us/the-childrens-guardian</p>
Person Responsible	<p>This is a person with legal authority to make decisions about medical or dental treatment for a person who lacks capacity to give informed consent. The "person responsible" is defined in the NSW Guardianship Act 1987. The person responsible is not the same as the next of kin.</p> <p>www.publicguardian.justice.nsw.gov.au</p>

Person-centred practice	A service provision that places the participant at the centre and, to the extent that they are able, in charge of the planning, design and implementation of the supports they need.
Person with Parental Responsibility	There is provision under the NSW Children and Young Persons (Care and Protection) Act 1998 to enable the Secretary of Family and Community Services to apply to the Children's Court to remove a child from the family home and place them under the parental responsibility of another suitable person or of the Minister for Families, Communities and Disability Services.
Physical Restraint	The restriction of a person's movement or behaviour by the use of a device or physical force.
Positive Behaviour Support (PBS)	A multicomponent framework for understanding Challenging Behaviour derived from applied behaviour analysis. PBS is based on assessment of the broad social and physical context in which the behaviour occurs and constructs socially valid interventions to enhance quality of life outcomes for both the participant, their carers and support workers.
Positive Behaviour Support Plan	A document written by the PBS practitioner in close collaboration with key stakeholders. It sets out the case formulation for why challenging behaviour occurs and details the PBS practices introduced to help the participant achieve as much as is possible of their goals without exhibiting challenging behaviour.
PRN	A term used generally in the administration of medication, which is an abbreviation of the Latin term "Pro re nata" meaning "as required".
Prohibited Practice	Practices which interfere with basic human rights, are unlawful and unethical in nature, and are incompatible with the objects and principles of the NSW Disability Inclusion Act 2014.
Response Cost	This is the withholding from a person of positively valued items or activities in response to a particular behaviour or set of behaviours (e.g. access to a computer or TV program). A response cost strategy is classified a Restrictive Practice.
Restricted Access	The use of physical barriers such as locks or padlocks, the use of increased supervision, or the imposition of enforceable limits or boundaries in an environment beyond normally accepted community practices (e.g. front door locked) in order to limit a person's access to items, activities or experiences, with the intention of manipulating a particular behaviour or managing risk.
Restrictive Practice	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability/disability, severe injury or another health condition. The use of a Restrictive Practice must be informed by strict written guidelines which provide clear conditions and limitations on their use. Implementation of a Practice requires: <ul style="list-style-type: none"> • Behaviour support plan • Legal consent • Authorisation by an RPA Panel

Restrictive Practice Authorisation (RPA)	Authorisation is endorsement for identified Restrictive Practices to be implemented with a certain individual, in a particular service setting, by associated staff and under clearly defined circumstances.
Restricted Practice Authorisation (RPA) Panel	A panel comprising as a minimum, a senior manager of the service provider, an independent specialist and an icare team member, who authorise the use of a Restrictive Practice based on supporting information, such as a behaviour support plan.
Seclusion	The sole confinement of a person with disability/disability, severe injury or another health condition 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.
Senior Manager	A Senior Manager is defined as a manager who has responsibility and oversight of the service provider's risk management and quality services. An attendant care provider's Care Coordinator is NOT deemed a Senior Manager for the purposes of this policy. Attendant care providers may have their own internal policies and procedures to support the Senior Manager's decisions to provide interim authorisation for the use of restrictive practices under this policy.

Appendix 3: Authorisation Requirements

Restrictive practice	Approval	Supporting evidence	Author	Authorisation	Consent
Seclusion	Interim (3 months)	<ul style="list-style-type: none"> Interim Positive Behaviour Support Plan 	Practitioner	Service provider's Senior Manager	U18: Prohibited +18: Either:
	General	<ul style="list-style-type: none"> Positive Behaviour Support Plan Functional Behaviour Analysis 	Practitioner	RPA Panel	<ul style="list-style-type: none"> The person if has capacity Guardian with RP function
Physical restraint	Interim (3 months)	<ul style="list-style-type: none"> Interim Positive Behaviour Support Plan 	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either:
	General	<ul style="list-style-type: none"> Positive Behaviour Support Plan Functional Behaviour Analysis 	Practitioner	RPA Panel	<ul style="list-style-type: none"> The person if has capacity Guardian with RP function
Mechanical restraint	Interim (3 months)	<ul style="list-style-type: none"> Interim Positive Behaviour Support Plan 	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either:
	General	<ul style="list-style-type: none"> Positive Behaviour Support Plan Functional Behaviour Analysis 	Practitioner	RPA Panel	<ul style="list-style-type: none"> The person if has capacity Guardian with RP function
Chemical restraint	General	<ul style="list-style-type: none"> Positive Behaviour Support Plan Functional Behaviour Analysis Medical report 	Practitioner Medical practitioner	RPA Panel to note including any actions to seek medical review of usage	Medical practitioner to obtain consent: U16: Parent/Guardian +16: Either: <ul style="list-style-type: none"> The person if has capacity Guardian with RP function
Environmental restraint	Interim (3 months)	<ul style="list-style-type: none"> Interim Positive Behaviour Support Plan 	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either: <ul style="list-style-type: none"> The person if has capacity Guardian with RP function RPA Panel mechanism if requirements in Section 7.3 are met
	General	<ul style="list-style-type: none"> Positive Behaviour Support Plan Functional Behaviour Analysis 	Practitioner	RPA Panel	