



FULL CARE LIFETIME

NDIS POLICIES AND PROCEDURES

MANUAL

MODULE 2A

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Statement	3
Behaviour Support in the NDIS	3
regulated Restrictive Practices	4
Behaviour Support Plan Implementation	6
Monitoring and Reporting the Use of Regulated Restrictive Practices	7
Behaviour Support Plan Review	9
Reportable Incidents involving the Use of a Restrictive Practice	10
Interim Behaviour Support Plans	11
Procedure	12

Module 2a Manual

Full Care Lifetime

STATEMENT

At Full Care Lifetime, we understand the importance of providing high-quality services to our clients, and complying with the policies set out by the National Disability Insurance Scheme (NDIS) and any relevant legislation is a critical component of achieving this. Therefore, we take great care to ensure that we are meeting all requirements and expectations outlined by the NDIS and other governing bodies. We understand that policies and regulations are subject to change, and as a result, we regularly review and update our policies as needed to ensure that we are consistently meeting and exceeding compliance standards. This approach ensures that we remain up-to-date and aligned with any new requirements or guidelines that may be implemented. In addition to regularly reviewing and updating our policies, we also conduct internal audits to ensure that Full Care Lifetime is fully compliant with all relevant regulations and requirements. This auditing process provides an opportunity to identify areas where we can improve and enhance our services, as well as to identify any potential issues before they become problems. We take our commitment to compliance seriously, and we are dedicated to ensuring that our policies and procedures are consistently adhered to by all employees, contractors, and stakeholders. By doing so, we can continue to provide the highest level of service and support to our clients, while maintaining the trust and confidence of our community and regulatory bodies.

BEHAVIOUR SUPPORT IN THE NDIS

Purpose: The purpose of this policy is to ensure that each participant accessing our services receives behaviour support that is appropriate to their needs, complies with relevant legislation and policy frameworks, and incorporates evidence-informed practice.

Policy: At Full Care Lifetime, we are committed to providing participants with behaviour support that is evidence-informed, non-restrictive, and tailored to their individual needs. Our staff will have a deep understanding of the NDIS and state and territory behaviour support legislative and policy frameworks. We will take a proactive approach to reducing and eliminating restrictive practices through our policies, procedures, and practices.

Procedure: To achieve the above policy, we will demonstrate the following indicators:

1. Knowledge and understanding of the NDIS and state and territory behaviour support legislative and policy frameworks: Our staff will have a comprehensive understanding of the NDIS and state and territory behaviour support legislative and policy frameworks. This knowledge will be regularly updated and integrated into our policies and practices.
2. Demonstrated appropriate knowledge and understanding of evidence-informed practice approaches to behaviour support: Our staff will receive regular training and professional development in evidence-informed practice approaches to behaviour support. This will include the use of positive behaviour support strategies and a focus on person-centered approaches.
3. Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures, and practices: Our organization will have policies, procedures, and

Module 2a Manual

Full Care Lifetime

practices in place to support the reduction and elimination of restrictive practices. We will take a proactive approach to identifying and addressing situations where restrictive practices may be used and will regularly review our practices to ensure they are non-restrictive and aligned with best practices.

We will monitor and review the implementation of this policy and associated procedures to ensure ongoing compliance. Any updates or changes to this policy will be communicated to staff, participants, and relevant stakeholders.

Internal audits will be conducted regularly to ensure compliance with relevant legislation and policy frameworks. Any identified areas of non-compliance will be addressed promptly, and corrective actions will be implemented.

Conclusion: Full Care Lifetime is committed to providing each participant with behaviour support that is appropriate to their needs, complies with relevant legislation and policy frameworks, and incorporates evidence-informed practice. We will regularly review and update our policies and procedures to ensure ongoing compliance and conduct regular internal audits to monitor our compliance.

REGULATED RESTRICTIVE PRACTICES

Purpose: The purpose of this policy is to ensure that each participant accessing our services receives behaviour support that is appropriate to their needs, complies with relevant legislation and policy frameworks, and incorporates evidence-informed practice.

Policy: Each participant is only subject to a regulated restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy. At Full Care Lifetime, we are committed to providing safe, effective, and evidence-informed behaviour support that is tailored to each participant's individual needs.

To achieve this outcome, the following indicators should be demonstrated:

1. Knowledge and understanding of regulated restrictive practices as described in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any regulated restrictive practices included in a behaviour support plan.
2. Where state or territory legislation and/or policy requires authorisation (however described) to, the use of a regulated restrictive practice, such authorisation is obtained, and evidence is submitted. This includes ensuring that all necessary authorisation processes are followed, and appropriate documentation is maintained.

Module 2a Manual

Full Care Lifetime

3. Regulated restrictive practices are only used in accordance with a behaviour support plan and all the requirements as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. Regulated restrictive practices are implemented, documented, and reported in a way that is compliant with relevant legislation and/or policy requirements. Our team of experienced behaviour support practitioners will work closely with the participant, their support network, and any relevant stakeholders to ensure that any regulated restrictive practices are used appropriately and in a way that minimises any potential risks to the participant or others.
4. Work is undertaken with specialist behaviour support providers to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices, including the implementation of strategies in the behaviour support plan. We are committed to reducing and eliminating restrictive practices wherever possible and will work closely with our partners to ensure that the most appropriate and effective strategies are used to support participants with challenging behaviours.
5. Workers maintain the skills required to use restrictive practices and support the participant and other stakeholders to understand the risks associated with the use of restrictive practices. We provide regular training and professional development opportunities for our staff to ensure that they have the skills and knowledge necessary to provide safe and effective behaviour support. In addition, we work closely with the participant, their support network, and any relevant stakeholders to ensure that they are fully informed about the use of restrictive practices and any associated risks.

At Full Care Lifetime, we are committed to providing behaviour support that is safe, effective, and compliant with all relevant legislation and policy frameworks. We regularly review and update our policies and procedures to ensure ongoing compliance and conduct regular internal audits to ensure that we are meeting all relevant requirements of the NDIS and other governing bodies.

SUPPORTING THE ASSESSMENT AND DEVELOPMENT OF BEHAVIOUR SUPPORT PLANS

Purpose: This policy outlines the procedures and requirements for developing tailored, evidence-informed behaviour support plans for each participant. The goal is to maintain and improve the quality of life of each participant by ensuring that their behaviour support plan is responsive to their individual needs.

Policy Statement: Each participant's quality of life will be maintained and improved by a tailored, evidence-informed behaviour support plan that is responsive to their needs.

Procedures and Requirements: To achieve this outcome, the following indicators must be demonstrated:

1. **Functional Behavioural Assessment and Relevant Assessments:** The specialist behaviour support provider will gather information for the functional behavioural assessment and any other relevant assessments necessary for developing the participant's behaviour support plan.

Module 2a Manual

Full Care Lifetime

2. **Collaboration and Key Responsibilities:** Collaboration between the specialist behaviour support provider and relevant workers will occur to develop each participant's behaviour support plan. Key responsibilities in implementing and reviewing the plan must be clearly identified.
3. **Necessary Skills:** Relevant workers must have the necessary skills to inform the development of the participant's behaviour support plan.
4. **Access to Training:** Relevant workers must have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices.
5. **Evidence-Informed Plan:** The behaviour support plan must be evidence-informed and tailored to the participant's individual needs. The plan should include strategies for reducing and eliminating restrictive practices.
6. **Plan Review and Updates:** The participant's behaviour support plan must be regularly reviewed and updated to ensure that it remains responsive to their changing needs.
7. **Compliance:** All behaviour support plans must comply with relevant legislation, policies, and guidelines.
8. **Documentation:** All relevant documentation, including the behaviour support plan and any assessments, must be maintained and accessible to relevant workers.

Conclusion: This policy ensures that each participant receives a tailored, evidence-informed behaviour support plan that is responsive to their individual needs. By following the procedures and requirements outlined in this policy, we can maintain and improve the quality of life of each participant.

BEHAVIOUR SUPPORT PLAN IMPLEMENTATION

Purpose: This policy outlines the procedures and requirements for developing tailored, evidence-informed behaviour support plans for each participant. The goal is to maintain and improve the quality of life of each participant by ensuring that their behaviour support plan is responsive to their individual needs.

Policy statement: Each participant's behaviour support plan is implemented effectively to meet the participant's behaviour support needs. To achieve this outcome, the following policy is established:

1. Policies and procedures that support the implementation of behaviour support plans are developed and maintained:
 - (a) A clear policy and procedures manual is developed and maintained that outlines the requirements for the implementation of behaviour support plans.
 - (b) Policies and procedures are regularly reviewed and updated to ensure they align with evidence-informed practice and comply with relevant legislation and policy frameworks.
2. Work is actively undertaken with the specialist behaviour support providers to implement each participant's behaviour support plan:
 - (a) Collaboration occurs with the specialist behaviour support provider to develop a comprehensive and tailored behaviour support plan that meets the participant's needs.

Module 2a Manual

Full Care Lifetime

(b) Clear identification of key responsibilities in implementing and reviewing the plan is established.

(c) The behaviour support plan is implemented with fidelity and according to evidence-informed practice.

3. Workers are supported to develop and maintain the skills required to consistently implement the strategies in each participant's behaviour support plan:

(a) Workers receive regular training and supervision to ensure they have the skills and knowledge required to implement the behaviour support plan.

(b) Workers are supported to maintain their skills through ongoing professional development.

4. Specialist behaviour support providers are supported to train the workers of the providers implementing a behaviour support plans in the use and monitoring of behaviour support strategies:

(a) Specialist behaviour support providers are provided with support and training to train workers in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support.

(b) Regular communication and collaboration occur between specialist behaviour support providers and workers implementing the behaviour support plan.

5. Workers receive training in the safe use of restrictive practices:

(a) Workers receive training in the safe use of restrictive practices, including the use of appropriate risk assessments, monitoring, and documentation.

(b) The use of restrictive practices is minimised and only used when necessary and authorised in accordance with relevant legislation and policy frameworks.

6. Collaboration is undertaken with other providers that work with the participant:

(a) Collaboration occurs with other providers that work with the participant to implement strategies in the participant's behaviour support plan.

(b) Regular communication occurs between providers to ensure consistency and coordination of support.

7. Performance management ensures that workers are implementing strategies in the participant's behaviour support plan appropriately:

(a) Regular monitoring and evaluation of the implementation of the behaviour support plan occur.

(b) Workers are provided with regular feedback and performance reviews to ensure they are implementing strategies in the participant's behaviour support plan appropriately.

(c) The quality of the participant's life is regularly assessed to ensure the behaviour support plan is meeting their needs and is achieving the desired outcomes.

Module 2a Manual

Full Care Lifetime

MONITORING AND REPORTING THE USE OF REGULATED RESTRICTIVE PRACTICES

Purpose: This policy outlines the requirements for reporting the use of regulated restrictive practices for each participant to the relevant regulatory bodies.

Policy Statement: Each participant is only subject to a restrictive practice that is reported to the Commission. The use of regulated restrictive practices is reported to the relevant regulatory bodies in compliance with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

To achieve this outcome, the following indicators should be demonstrated:

1. Demonstrated compliance with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
2. Data is monitored to identify actions for improving outcomes.
3. Data is used to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

Procedure:

1. The provider must maintain accurate and up-to-date records of the use of regulated restrictive practices for each participant.
2. The provider must report the use of regulated restrictive practices for each participant on a monthly basis through the online reporting system as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
3. The provider must monitor the data collected to identify trends, patterns, and opportunities for improvement.
4. The provider must use the data collected to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

Compliance:

1. The provider must comply with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
2. The provider must maintain accurate and up-to-date records of the use of regulated restrictive practices for each participant.
3. The provider must report the use of regulated restrictive practices for each participant on a monthly basis through the online reporting system.
4. The provider must monitor the data collected to identify trends, patterns, and opportunities for improvement.

Module 2a Manual

Full Care Lifetime

5. The provider must use the data collected to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

Non-Compliance:

1. Non-compliance with this policy may result in disciplinary action, up to and including termination of employment or contract.
2. Any breach of regulatory requirements may result in penalties, fines or legal action.

Review: This policy will be reviewed on an annual basis or earlier if needed to ensure its ongoing relevance and effectiveness. Any changes to the policy will be communicated to relevant stakeholders in a timely manner.

BEHAVIOUR SUPPORT PLAN REVIEW

Purpose: To ensure that each participant has a current and effective behaviour support plan that addresses their needs and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of restrictive practices.

Policy Statement:

1. Each participant in the service will have a behaviour support plan that reflects their current needs and circumstances, and is regularly reviewed and revised.
2. The behaviour support plan will be developed by a specialist behaviour support provider in collaboration with the participant, their family, carers, and other support networks, as appropriate.
3. The behaviour support plan will be evidence-informed, based on a functional behaviour assessment, and will be aligned with the goals and objectives of the participant's NDIS plan.
4. The behaviour support plan will be regularly reviewed and revised, at a minimum of once every 12 months, or more frequently if the participant's needs, situation, or progress create a need for more frequent review.
5. The review of the behaviour support plan will be conducted in collaboration with the participant, their family, carers, and other support networks, as appropriate, and will take into account feedback from the participant and data collected on the implementation of the plan.
6. The review of the behaviour support plan will have a primary focus on reducing or eliminating restrictive practices based on observed progress or positive changes in the participant's situation.

Module 2a Manual

Full Care Lifetime

7. The implementation of the behaviour support plan will be monitored through a combination of formal and informal approaches, including through feedback from the participant, team meetings, data collection and record keeping, and other feedback and supervision.
8. Information will be recorded and data will be collected as required by the specialist behaviour support provider and as prescribed in the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
9. The specialist behaviour support provider will contribute to the review of the behaviour support plan and provide recommendations for revision based on observed progress and positive changes in the participant's situation.
10. The participant, their family, carers, and other support networks, as appropriate, will be provided with feedback on the implementation of the behaviour support plan and the progress towards reducing or eliminating restrictive practices.

REPORTABLE INCIDENTS INVOLVING THE USE OF A RESTRICTIVE PRACTICE

Purpose: This policy aims to ensure that each participant subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed. The policy also seeks to identify areas for improvement and inform further action to prevent future incidents.

Policy Statement: Each participant that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed in accordance with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

To achieve this outcome, the following indicators should be demonstrated:

1. The participant's immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident.
2. Collaboration is undertaken with mainstream service providers, such as police and/or other emergency services, mental health and emergency department, treating medical practitioners, and other allied health clinicians in responding to the unauthorised use of a restrictive practice.
3. The Commissioner is notified of all reportable incidents involving the use of an unauthorised restrictive practice in accordance with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.
4. Where an unauthorised restrictive practice has been used, the workers and management of providers implementing behaviour support plans engage in debriefing to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented.
5. Based on the review of incidents, the supports to the participant are adjusted, and where appropriate, the engagement of a specialist behaviour support provider is facilitated to develop or review the participant's behaviour support plan or interim behaviour support plan, if required, in accordance with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

Module 2a Manual

Full Care Lifetime

6. Authorisation processes (however described) are initiated as required by their jurisdiction.
7. The participant, and with the participant's consent, their support network and other stakeholders as appropriate, are included in the review of incidents.

Implementation:

1. All workers and management of providers implementing behaviour support plans are trained on the requirements of this policy and are provided with guidance on reporting and reviewing emergency or unauthorised use of restrictive practices.
2. All incidents involving the use of an unauthorised restrictive practice are reported in accordance with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.
3. Debriefing sessions are held promptly following an incident to identify areas for improvement and inform further action.
4. The review of incidents is used to inform the development or review of the participant's behaviour support plan or interim behaviour support plan, if required, in accordance with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
5. Authorisation processes are initiated as required by their jurisdiction.
6. All participants, their support network, and other stakeholders as appropriate are informed of the outcome of the review of incidents.

INTERIM BEHAVIOUR SUPPORT PLANS

Purpose: This policy aims to ensure that participants with an immediate need for a behaviour support plan receive an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.

Scope: This policy applies to all staff and service providers involved in providing behaviour support services to participants with an immediate need for a behaviour support plan.

Policy Statement:

1. Collaboration will be undertaken with mainstream service providers (such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider.
2. Work will be undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
3. Workers will be supported and facilitated to receive training in the implementation of the interim behaviour support plan.

Procedures:

Module 2a Manual

Full Care Lifetime

1. Upon identification of a participant with an immediate need for a behaviour support plan, a specialist behaviour support provider will be engaged to develop an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.
2. The specialist behaviour support provider will collaborate with mainstream service providers (such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) to contribute to the development of the interim behaviour support plan.
3. The interim behaviour support plan will be reviewed regularly and updated as necessary to ensure its effectiveness.
4. Workers involved in the implementation of the interim behaviour support plan will receive training and support to ensure they have the necessary skills and knowledge to implement the plan effectively.
5. Any concerns or issues regarding the interim behaviour support plan will be raised with the specialist behaviour support provider and addressed in a timely manner.

Compliance:

1. All staff and service providers involved in providing behaviour support services must comply with this policy.
2. Any breaches of this policy will be investigated and appropriate action will be taken in accordance with the organisation's policies and procedures.

Review: This policy will be reviewed annually to ensure its ongoing suitability and effectiveness in achieving its intended outcomes.

PROCEDURE

The specialist behaviour practitioner should conduct a comprehensive functional behaviour assessment (FBA) before implementing any restrictive practices. The NDIS behaviour practitioner provider should conduct a thorough FBA to identify the underlying reasons for the behaviour that the restrictive practice is intended to address. The FBA should identify the triggers, antecedents, and consequences of the behaviour and identify any underlying health, medical, or mental health conditions that may be contributing to the behaviour.

The registered NDIS behaviour practitioner provider should develop a behaviour support plan (BSP) that outlines positive behaviour support strategies that can be implemented to address the behaviour. The BSP should include a range of positive, proactive strategies that can be implemented to support the participant's needs without the use of restrictive practices. If restrictive practices are deemed necessary, they should be included as a last resort after all other strategies have been tried and proven ineffective.

Module 2a Manual

Full Care Lifetime

The NDIS provider should seek authorisation for the use of restrictive practices in accordance with the relevant state or territory authorisation process. The NDIS Commission does not authorise the use of restrictive practices, and it is the responsibility of the state or territory to do so. The provider should lodge evidence of authorisation with the NDIS Commission according to state or territory authorisation processes.

Once the BSP and authorisation have been obtained, the NDIS provider can implement the BSP and restrictive practices as outlined in the plan. The provider must ensure that the use of restrictive practices is only used as a last resort and that the plan is regularly monitored and reviewed to ensure that the use of restrictive practices remains appropriate and necessary.

The NDIS provider should regularly monitor and review the plan to ensure that the use of restrictive practices remains appropriate and necessary. The review should occur every six months or sooner if significant changes occur in the participant's life or their support needs. The review process will include an evaluation of the effectiveness of the plan and any reactive strategies used. All data collected through the monitoring and review process should be recorded, including any changes made to the plan.

Any incidents involving the use of restrictive practices must be reported to the NDIS Commission within 24 hours of the incident occurring. The report should include details of the incident, the person involved, and any injuries sustained. The use of restrictive practices must be immediately ceased, and alternative strategies used where possible.

The NDIS provider should ensure that all staff involved in the implementation of restrictive practices receive appropriate training and supervision. The training should cover the use of positive behaviour support strategies, the use of restrictive practices, and the monitoring and review process. The supervision should ensure that staff are implementing the plan appropriately and that any issues or concerns are identified and addressed promptly.

Safe use of Restrictive Practices and Reporting Requirement:

The use of restrictive practices should only be considered if positive behaviour support strategies have been unsuccessful and if the behaviour of concern poses a significant risk of harm to the person or others. An assessment of the risks and benefits of the use of restrictive practices should be conducted, and the person's capacity to give informed consent should be considered.

The use of restrictive practices should be a last resort and should only be used for the minimum amount of time necessary to manage the behaviour of concern. The use of restrictive practices must be authorised by an Authorisation Panel and should be in line with any state or territory authorisation and consent requirements.

Monthly reporting of the use of authorised restrictive practices to the NDIS Commission is mandatory for the service provider. The staff who are responsible for implementing positive behaviour strategies or restrictive practices must receive appropriate training, and records of all training undertaken must be maintained by the company.

Module 2a Manual

Full Care Lifetime

The five types of regulated restrictive practices are outlined below:

- **Seclusion:** 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.
- **Chemical restraint:** The use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner to treat, or to enable the treatment of, a diagnosed mental disorder, physical illness or physical condition.
- **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. Mechanical restraint does not include the use of devices for therapeutic or non-behavioural purposes.
- **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.
- **Environmental restraint:** The restriction of a person's free access to all parts of their environment, including items or activities.

Supporting the Implementation of the Behaviour Support:

1. Identify the responsible staff member: Assign a staff member as the primary point of contact for the implementation of the Behaviour Support Plan. This staff member should have the necessary qualifications and training to implement the plan safely and effectively.
2. Provide training and support: Ensure that all staff members who will be involved in implementing the plan are provided with appropriate training and support. This should include training on the plan's strategies, protocols, and alternative measures to avoid the use of restrictive practices. Staff members should also receive regular supervision and support from a qualified behaviour support practitioner.
3. Develop an action plan: Develop a detailed action plan for implementing the Behaviour Support Plan. The plan should include the following elements:
 - A list of all strategies and protocols required to implement the plan safely and effectively.
 - A timeline for implementing each strategy and protocol.
 - The roles and responsibilities of each staff member involved in the implementation.
 - A process for monitoring and recording the effectiveness of each strategy and protocol.
4. Monitor and review the plan: Regularly monitor and review the implementation of the plan to ensure that it remains appropriate and effective. This should include regular review

Module 2a Manual

Full Care Lifetime

meetings with the participant, their support network, and other stakeholders involved in their care.

5. Report incidents: All incidents involving the use of restrictive practices must be reported to the NDIS Commission within 24 hours of their occurrence. Full Care Lifetime should also have an internal reporting process to ensure that incidents are promptly identified and reported.
6. Seek feedback: Regularly seek feedback from the participant, their support network, and other stakeholders involved in their care to ensure that the plan is meeting their needs and preferences.
7. Review and update the plan: Review and update the Behaviour Support Plan at least every six months or sooner if significant changes occur in the participant's life or their support needs. The updated plan should reflect any changes in the participant's needs and preferences, and the effectiveness of the current strategies and protocols. Contributions are made to the reviews of the strategies in a participant's behaviour support plan, with the primary focus of reducing or eliminating restrictive practices based on observed progress or positive changes in the participant's situation.
8. Authorisation of restrictive practices: Any restrictive practices used as part of the Behaviour Support Plan must be reviewed and authorised in accordance with the relevant state authorisation process. Full Care Lifetime should be familiar with the authorisation process in their state or territory and ensure that all necessary approvals are obtained.
9. By following this procedure, Full Care Lifetime can ensure that the Behaviour Support Plan is implemented safely and effectively, and that the participant's needs and preferences are at the forefront of their care.

Authorisation Panel

Any restrictive practices that had been determined to be listed on the participant's Behaviour Support Plan will need to be reviewed and approved in accordance with the relevant state authorisation process. Refer to your state authorisation process for obtaining the authorisation for the use of restrictive practices.

The NDIS Commission doesn't authorise the use of restrictive practices, it's the responsibility of the state or territory. The provider must obtain authorisation and lodge evidence with the NDIS Commission according to state or territory authorisation processes. If there's no applicable authorisation process, the regulated restrictive practice must be in a behaviour support plan, lodged with the NDIS Commission by the specialist behaviour support provider.

Behaviour Support Plan Monitoring and Review:

The implementation of the Behaviour Support Plan should be regularly monitored and reviewed to ensure that the use of restrictive practices remains appropriate and necessary.

1. A review of the Behaviour Support Plan should occur every six months or sooner if significant changes occur in the participant's life or their support needs.
2. The person responsible for monitoring and reviewing the plan will be specified in the plan.
3. The review process will include an evaluation of the effectiveness of the plan and any reactive strategies used.

Module 2a Manual

Full Care Lifetime

4. All data collected through the monitoring and review process will be recorded, including any changes made to the plan.
5. Any incidents involving the use of restrictive practices must be reported to the NDIS Commission.
6. Feedback from staff, participants, and other stakeholders will be sought during the review process.

Reportable Incidents Involving the Use of a Restrictive Practice:

All incidents involving the use of a restrictive practice, including allegations, must be reported to the NDIS Commission within 24 hours. The report must include details of the incident, the person involved, any injuries sustained, and whether alternative strategies were used. The use of a restrictive practice must be immediately ceased if it is found to be unauthorised or if alternative strategies are available.

Additionally, the following incidents arising in the context of NDIS supports or services must be reported to the NDIS Commission:

- The death or serious injury of an NDIS participant
- Abuse or neglect of an NDIS participant
- Unlawful sexual or physical contact with, or assault of, an NDIS participant
- Sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity.