

FACT SHEET

Prescribing/recommending restrictive practices at school

This fact sheet provides information to external medical practitioners, allied health professionals and/or external behaviour support practitioners around the requirements for planning and using restrictive practices in NSW public schools and government preschools, in line with the Department of Education's [Restrictive Practices Policy, Framework and Procedures](#). The fact sheet also includes a template to record advice around recommended or prescribed restrictive practices.

Overview

Schools can only use restrictive practices to support students if the practice has been recommended or prescribed by an external medical practitioner, allied health professional or external behaviour support practitioner. **Please complete this form** to recommend the use of a restrictive practice to support a child or young person at school, e.g.:

- **Physical restraint** – physically limiting or stopping the child or young person's movements
- **Mechanical restraint** – using a device that limits the child or young person's movements
- **Chemical restraint** – using a prescribed medication that influences a child's behaviour
- **Environmental restraint** – using a barrier to limit the child or young person's access to an object or exit from an area to manage a risk or behaviour of concern.

This form includes 3 sections:

1. Child or young person's details (to be completed by a parent/carer)
2. Recommending/prescribing clinician's details (to be completed by the clinician)
3. Recommended restrictive practice (to be completed by the clinician).

1. Child or young person's details

First name:

Last name:

2. Recommending/prescribing clinician details

First name:

Practice address:

Last name:

Professional qualification:

Examination date:

Signature:

3. Recommended restrictive practice

Note: Attach additional documents where relevant

What restrictive practice(s) do you recommend to support the child or young person at school?

What less restrictive alternatives have been tried or considered?

How and when do you recommend/prescribe that the restrictive practice(s) be used safely at school?

When does this recommendation expire or need to be reviewed?

Does the use of the recommended restrictive practice require specialised training of staff? If so, please specify.

What, if any, are the likely risks or side effects of using the restrictive practice(s) with the child or young person?

Information about restrictive practices

What are restrictive practices?

In NSW public schools and government preschools, restrictive practices include any actions we take to keep someone safe that also restricts a child or young person's rights or freedom of movement.

There are 5 categories of restrictive practices:

- **Physical restraint** which is physically limiting or stopping a child or young person's movements, such as by holding their hand to keep them safe when crossing a busy road.
- **Mechanical restraint** which is using a device that limits movement, such as a wheelchair safety belt that supports a student to use a wheelchair safely.
- **Chemical restraint** which is using medication prescribed by a doctor that influences a child's behaviour, such as to help a child with ADHD concentrate in class.
- **Environmental restraint** which is a barrier that limits access to an object or area, such as locking a gate to prevent a child from running onto a busy road.
- **Seclusion** refers to leaving a student alone in a room or area from which they are prevented from leaving, or reasonably believe that they cannot leave, by a barrier or another person, for any length of time. This includes situations where a door is locked as well as where the door is blocked by other objects or held closed by another person. This is never allowed in schools unless there is an immediate risk of harm to a child or someone else.

When used in the right way, restrictive practices make school a safer, more engaging place for a student and their community. We have rules about how restrictive practices can be used in schools that protect the rights of students so that restrictive practices are not used in the wrong way.

How restrictive practices are used in NSW public schools and government preschools

Restrictive practices must only be used:

- as recommended or prescribed by an external medical practitioner, allied health professional or external behaviour support practitioner to meet the child or young person's health, safety and wellbeing needs
- as a last resort after other evidence-based, student-centred strategies have been tried
- as planned by the classroom teacher and/or School Learning and Support Team in consultation with parents/carers and the child or young person, where possible
- with the consent of the parents/carers, and in consultation with the child or young person, where possible
- in an emergency or crisis situation, if it is necessary and safe to do so. If a restrictive practice is used without being planned for, and without the consent of the parents/carers, then staff must immediately report it to the principal or delegate.

The planned use of restrictive practices must follow these principles:

1. Student-centred and relevant to the needs and circumstances of the student
2. The least restrictive option
3. For the shortest time
4. Reduced or eliminated, wherever possible
5. Monitored when in use
6. Reviewed regularly to ensure they are necessary, effective and are still in line with these 6 principles.

Some practices are prohibited in our schools. Examples include using medication in an unsafe way, or physically restraining a child in a way that could cause significant harm.

Schools are not allowed to use a restrictive practice with a child or young person without creating a plan and getting consent from their parents/carers first, unless it is in response to an emergency or crisis or to protect someone from an immediate risk of harm.

Planning for the use of restrictive practices

If we need to plan for using restrictive practices with a child, school staff will work together with parents/carers and the child, where possible to understand their needs and plan how the school will meet those needs. Teachers, support staff and other specialists may also be involved as needed.

The school also needs evidence that a restrictive practice has been recommended or prescribed by an external medical practitioner, allied health professional or external behaviour support practitioner. This could be information provided in this template, a letter from a doctor, and/or reports from relevant professionals like an occupational therapists or psychologists.

The school will keep detailed records of the planning process, the planned restrictive practice, the evidence provided, and the consent of parents/carers for the use of a restrictive practice. This may include recording planned restrictive practices in relevant student plans such as learning support, behaviour support, risk management and health care support plans.

The use of restrictive practices will be reviewed regularly by the school, in consultation with parents/carers.

More information

More information on supporting student behaviour and personalised learning support can be found on the [NSW Department of Education website](#).

If you have specific concerns or believe the department guidelines and policies are not being followed, you can raise this in person, by email, over the telephone or by letter. There is more information available on how to make a complaint on the department's website.