

Client name:

Month/Year:



### Authorised Restrictive Practice Recording Chart

Access4u as a NDIS provider is required to report the use of Authorised Restrictive Practices (Restrictive Practices (RP) that are part of the Interim or Comprehensive PBSP) on a monthly basis to the NDIS. **Mentors are required to chart occasions of Authorised RP on a daily basis.**

Please include time when applied and how long it was applied. **Separate incident reports are also required for all chemical and physical restraints used.** Please Submit completed form to your manager by the 2<sup>nd</sup> working day of next month. Thank you.

Day	Physical – one/two person escort, <b>PRN</b> (Enter time, end time and if 1 or 2 person)	Physical – one/two person restraint, <b>PRN</b> (Enter time, end time and if 1 or 2 person)	Environmental – lock doors, <b>Routine</b> (Enter start time and end time)	Environmental – intensive supervision, <b>Routine</b> (Enter start time and end time)	Mechanical - Buckle Cover or Harness, <b>PRN</b> (Enter start time and end time)	Chemical - Lorazepam, 0.5mg, <b>Routine</b> (Enter time)	Chemical - Olanzapine 5mg, <b>PRN</b> (Enter time)
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23							

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<b>Day</b>	<b>Physical – one/two person escort, PRN</b> (Enter time, end time and if 1 or 2 person)	<b>Physical – one/two person restraint, PRN</b> (Enter time, end time and if 1 or 2 person)	<b>Environmental – lock doors, Routine</b> (Enter start time and end time)	<b>Environmental – intensive supervision, Routine</b> (Enter start time and end time)	<b>Mechanical - Buckle Cover or Harness, PRN</b> (Enter start time and end time)	<b>Chemical - Lorazepam, 0.5mg, Routine</b> (Enter time)	<b>Chemical - Olanzapine 5mg, PRN</b> (Enter time)
24							
25							
26							
27							
28							
29							
30							
31							