Overview of restrictive practices

Restrictive practices must only be used as a last resort and in the least restrictive form.

The *Aged Care Act 1997* and the *Quality of Care Principles 2014* have been updated to clarify and strengthen approved provider requirements in relation to the use of restrictive practices in aged care. These changes protect senior Australians receiving aged care and services and ensure that providers understand and meet their obligations in this regard.

The revised legislation, taking effect from 1 July 2021:

- replaces the term 'restraints' with 'restrictive practices'
- defines restrictive practices
- details the requirements for the use of restrictive practices, including strengthening those in relation to consent, documentation, and monitoring
- emphasises person-centred care and reinforces the rights of aged care consumers, by ensuring that restrictive practices are only used as a last resort to prevent harm after best practice behaviour supports have been considered, applied and documented
- require the provider to have a behaviour support plan in place for each consumer who has restrictive practices considered, implemented or used as part of their care
- introduces restrictive practices compliance notices and the potential for civil penalties if providers do not meet the requirements.

What is a restrictive practice?

A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of an aged care consumer.

Under the legislation, there are five types of restrictive practices:

- Chemical restraint
- Environmental restraint
- Mechanical restraint
- Physical restraint
- Seclusion.

The definitions of restrictive practice and the five types of restrictive practices were implemented to provide clarity to providers on what constitutes a restrictive practice and the circumstances for the use of a restrictive practice.

These definitions are aligned with those applied under the National Disability Insurance Scheme.

Chemical restraint

Chemical restraint is a practice or intervention that is, or that involves, the use of medication or a chemical substance for the primary purpose of influencing a consumer's behaviour, but does not include the use of medication prescribed for:

- the treatment of, or to enable treatment of, the consumer for a diagnosed mental disorder, a physical illness or a physical condition; or
- end of life care for the consumer.

Examples of chemical restraint are administration of any medication, including prescribed, Pro Re Nata (PRN or as required) and over the counter medication, to a consumer, which influences, moderates or controls their behaviour.

Where medication is prescribed for the medical treatment of a diagnosed mental disorder, a physical illness or physical condition, or end of life care, as allowed for under the legislation, providers need to ensure they are using the medication as prescribed and with appropriate monitoring and consent.

Environmental restraint

Environmental restraint is a practice or intervention that restricts, or that involves restricting, a consumer's free access to all parts of the consumer's environment, including items and activities, for the primary purpose of influencing the consumer's behaviour.

The consumer's environment includes their room, any common areas within the service, and the common grounds outside of the service. It does not include another consumer's room. Further it does not include areas within the service where a consumer would not ordinarily be allowed to access, or only access with support from care staff. This may include the kitchen, laundry, clinical spaces or areas where medication may be stored, or maintenance sheds for example.

Examples of environmental restraint are restricting a consumer's access to an outside space, removing or restricting access to an activity or to the outside environment, or limiting or removing access to a wanted or needed item, such as a walking frame, by putting it out of reach.

Mechanical restraint

Mechanical restraint is a practice or intervention that is, or that involves, the use of a device to prevent, restrict or subdue a consumer's movement for the primary purpose of influencing the consumer's behaviour. It does not include the use of a device for therapeutic or non behavioural purposes in relation to the consumer.

Examples of mechanical restraint include use of a lap belt or princess chair, bed rails, low beds or use of clothing which limits movement and is unable to be removed by the consumer.

Devices used for therapeutic purposes or non behavioural purposes are not considered to be mechanical restraints, such as use of a wheelchair for someone who needs mobility support, however if the service leaves a person in the wheelchair, applies the brakes so they remain in one position and they are unable to move themselves, this is mechanical restraint.

Devices in place for safety purposes or to prevent harm, even if consented to by the consumer, are considered to be a mechanical restraint if not used for therapeutic or non behavioural purposes. Use of bed rails is the most common example here. Bed rails are mechanical restraint and require discussion of the risks and proposed benefits, and a behaviour support plan to be in place, unless the person is able to operate the rails themselves or if the rail is partial and the person can still get in and out of the bed.

Physical restraint

Physical restraint is a practice or intervention that is or involves the use of physical force to prevent, restrict or subdue movement of a consumer's body, or part of a consumer's body, for the primary purpose of influencing the consumer's behaviour. This does not include the use of a hands on technique in a reflexive way to guide or redirect the consumer away from potential harm or injury if it is consistent with what could reasonably be considered the exercise of care towards the consumer.

Examples of physical restraint are physically holding a consumer in a specific position to force personal care issues such as showering to be attended to or for administration of medication, pinning a consumer down, or physically moving a consumer to stop them moving into a specified area where they may wish to go.

Assisting a consumer with activities of daily living where this has been requested and the consumer is unable to assist themselves, guiding them away from danger or catching a consumer if they are about to fall are not considered physical restraint.

Seclusion

Seclusion is a practice or intervention that is, or that involves, the solitary confinement of a consumer in a room or a physical space at any hour of the day or night for the primary purpose of influencing the consumer's behaviour where:

- voluntary exit is prevented or not facilitated; or
- it is implied that voluntary exit is not permitted.

Examples of seclusion are placing a consumer alone in a space or room from which they cannot exit, including in a space by themselves where their access to a call bell or walker is limited, or imposing a 'time out'.

Seclusion significantly affects a consumer's dignity and rights and should only be used after all other forms of behaviour management or appropriate alternative restrictive practices have been exhausted. Seclusion is an extreme form of restrictive practice and should never be used as a punishment.

A consumer who decides to close and lock a door behind them, such as in their own room or bathroom is not considered seclusion, as they are able to enter and leave the area of their own free will.

Where consumers are required to isolate for the purpose of complying with state and territory public health directives, this is not considered to be seclusion, as the primary purpose of such an action is not to influence the consumer's behaviour but to comply with the health order.

Requirements for the use of any restrictive practice

The following requirements must be met for the use of any restrictive practice in relation to a residential aged care consumer:

- Restrictive practices must only be used as a last resort to prevent harm to the consumer or other persons, and after consideration of the likely effect on the consumer.
- An approved health practitioner who has day to day knowledge of the consumer, has assessed the consumer as posing a risk of harm to themselves or another person, and has assessed the restrictive practice as necessary, and these assessments have been documented.
- In the case of a restrictive practice that is chemical restraint, the above assessments must be conducted by a medical practitioner or nurse practitioner who has subsequently prescribed the medication; and the assessments, the consumer's behaviours relevant to the need for the chemical restraint, the practitioner's decision to use the chemical restraint, the reasons the chemical restraint is necessary, and the information that informed the practitioner's decision, must be recorded in the consumer's care and services plan in accordance with the Aged Care Quality Standards (Quality Standards).
- Best practice alternative behaviour support strategies have been used, and the consideration and/or use of these strategies and their effect has been documented.

- Restrictive practices must only be used in proportion to the risk of harm, in the least restrictive form, and for the shortest period possible.
- The need for, use of, and effectiveness of restrictive practices must be continually monitored, reviewed and documented. As part of this, providers must consider whether an individually appropriate alternative strategy can be used and the restrictive practice can be reduced or stopped. In the case of a restrictive practice that is chemical restraint, providers must also give information about the effects and use of the chemical restraint to the prescribing practitioner.
- Informed consent for the use of a restrictive practice must be obtained from the consumer. If the consumer does not have the capacity to give that consent, it must be obtained from their restrictive practice substitute decision-maker. Providers must ensure that consent has been obtained in accordance with state and territory requirements and subsequently recorded.
- The use of the restrictive practice must comply with the Charter of Aged Care Rights and Quality Standards, the requirements (if any) of the law of the State or Territory in which the restrictive practice is used, as well as any relevant provisions of the consumer's care and services plan, or behaviour support plan from 1 September 2021.

Emergency use of restrictive practices

An emergency is a serious or dangerous situation that is unanticipated or unforeseen and that requires immediate action. It is expected that providers will be actively engaged in a consumer's day to day care and support needs, including behaviour support planning, and that this understanding and engagement will reduce the incidence of emergencies. Situations where restrictive practices are required in residential aged care in the event of an emergency should therefore be rare.

Some requirements, such as the requirement for consent, are exempt when the use of the restrictive practice is in an emergency. These exemptions are intended to ensure that a provider can appropriately and rapidly respond to an emergency to protect a consumer or other person from immediate harm. An emergency situation is not expected to last for an extended period of time and an emergency situation will be considered to have ended when there is no immediate risk of harm or injury for the consumer or others.

If a provider uses a restrictive practice in an emergency, the provider must, as soon as practicable after the restrictive practice starts to be used, inform the restrictive practices substitute decision-maker about the use of the restrictive practice, and ensure that the following is documented in the consumer's care and services plan:

- the consumer's behaviours that were relevant to the need for the restrictive practice
- the alternatives to the restrictive practice that were considered or used (if any)
- the reasons the restrictive practice was necessary
- the care to be provided to the consumer in relation to their behaviour
- a record of having informed the restrictive practices substitute decision-maker about the use of the restrictive practice
- all assessments, information and decisions relevant to the use of the restrictive practice
- any additional advice or support to be sought.

Once the emergency is over, the provider should revert to the usual policies and procedures regarding the use of any restrictive practice for the consumer.

During an emergency, providers must still seek to ensure the least restrictive form of a restrictive practice is being applied and that it is for the shortest period possible. Additionally, providers must monitor the use of the restrictive practice to determine whether an alternative strategy can be used and whether the restrictive practice can be reduced or stopped.

Requirements for care and services plans in relation to the use of restrictive practices

From 1 September 2021, providers are required to have a behaviour support plan in place for every consumer who exhibits behaviours of concern or changed behaviours, or who has restrictive practices considered, applied or used as part of their care. The behaviour support plan forms part of the individual care and services plan, and does not replace it.

The behaviour support plan must set out information about the consumer that helps the provider to understand the individual's background and changed behaviours, including but not limited to:

- any assessments which have been carried out regarding those behaviours,
- known triggers which may precede those behaviours,
- alternative strategies which are known to be successful, or unsuccessful, in managing those behaviours, and
- any restrictive practices which are used or applied once alternative strategies have been tried.

It must also include evidence of consent from the consumer or their restrictive practices substitute decision-maker.

It must be in a form and place that makes it available to staff to inform ongoing care.

Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) is an initiative to help prevent and reduce incidents of abuse and neglect in residential aged care services subsidised by the Australian Government. The SIRS sets new arrangements for approved providers of residential aged care and flexible care delivered in a residential setting to manage and take reasonable action to prevent incidents with a focus on the safety, health, well-being and quality of life of aged care consumers.

The SIRS requires every residential aged care service to have in place an effective incident management system — a set of protocols, processes, and standard operating procedures that staff are trained to use.

Inappropriate use of restrictive practices may be reportable under SIRS. Providers should familiarise themselves with their responsibilities under SIRS.

Information on SIRS for providers can be found at https://www.agedcarequality.gov.au/sirs

Information on SIRS for consumers can be found at https://www.agedcarequality.gov.au/consumers/serious-incident-response-scheme

How can I get more information?

Department of Health

General information about the use of restrictive practices in aged care can be found on the Department of Health website at can be found on the Department of Health's website at https://www.health.gov.au/health-topics/aged-care/providing-aged-care-services/working-in-aged-care/minimising-restrictive-practices-in-aged-care

Aged Care Quality and Safety Commission

Information about the use of restrictive practices in aged care including education and regulatory requirements can be found on the Aged Care Quality and Safety Commission website at https://www.agedcarequality.gov.au/minimising-restrictive-practices

Dementia Support Australia

Information about supports for people with dementia who are experiencing changes in behaviour that affect their care or their carer, including access to the Dementia Behaviour Management Advisory Service (DBMAS) and Severe Behaviour Response Teams (SBRT) can be found at https://dementia.com.au/

Dementia Training Australia

Supports including free on-line dementia training, practical resources and training packages, including guidance on behaviour support planning can be found at https://dta.com.au/

Acknowledgment

The Aged Care Quality and Safety Commission acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

Phone
1800 951 822

Web
agedcarequality.gov.au

Write
Aged Care Quality and Safety Commission
GPO Box 9819, In Your Capital City