Australian Government
Aged Care Quality and Safety Commission

Behaviour Support and Restrictive Practice

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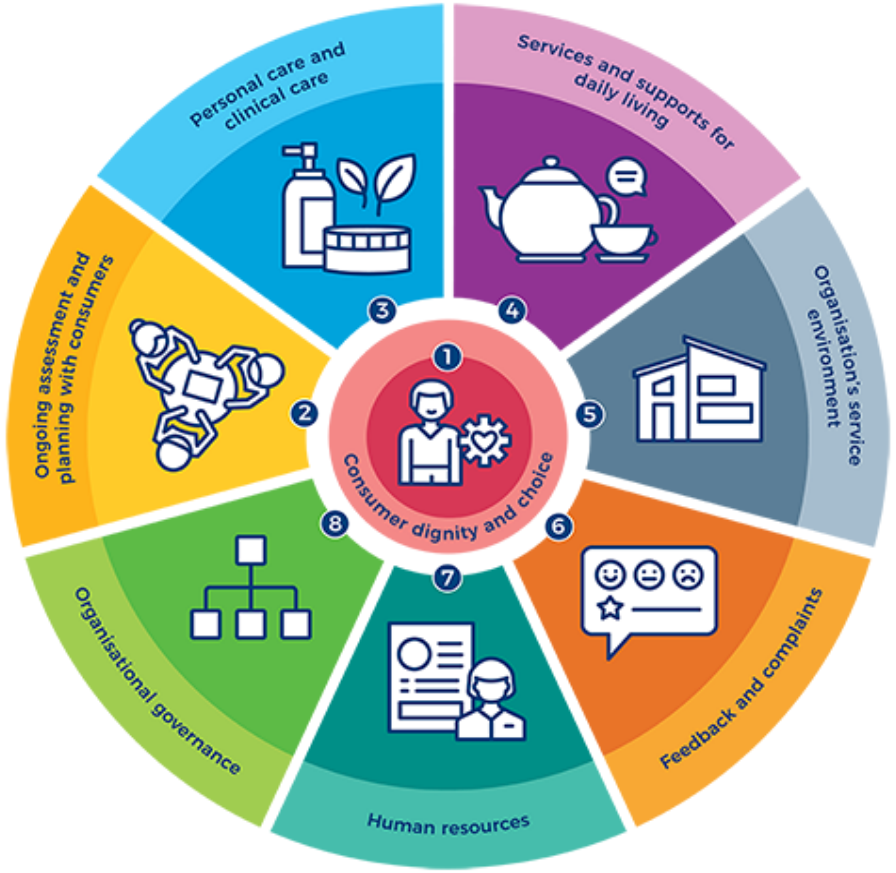
Acknowledgement of Country

Aged Care Quality Standards

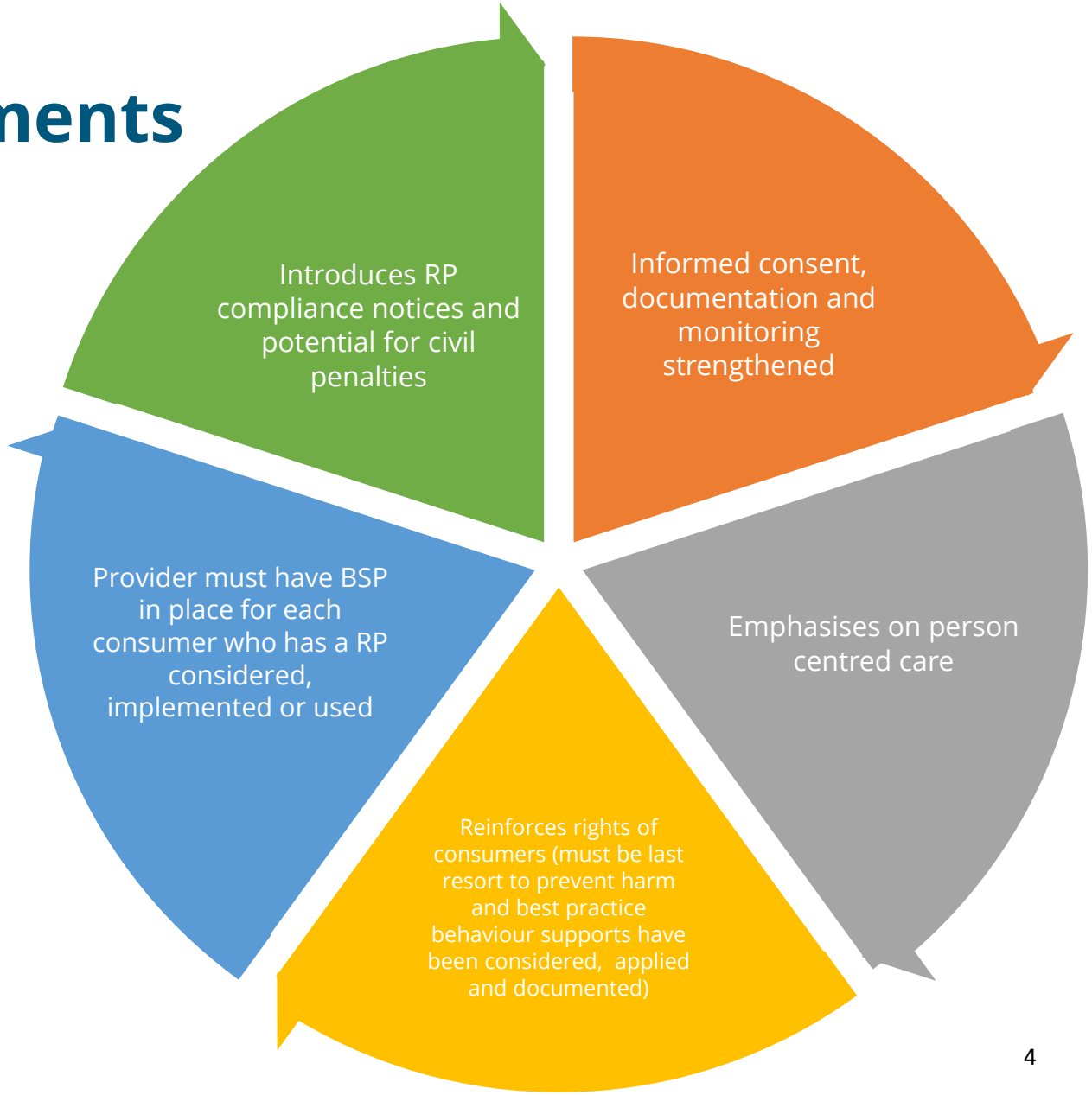
The Aged Care Quality and Safety Commission (Commission) is responsible for accrediting and monitoring the quality of care and services of residential services against the Aged Care Quality Standards (Quality Standards).



Responsibilities and Requirements

- Aged Care Act 1997 and
- Quality of Care Principles 2014 (the Principles)

Updated and strengthened to protect consumers and strengthen approved providers requirements



What are Restrictive Practices?

The Aged Care Act 1997 defines a Restrictive Practice as…

- *any practice or intervention that has the effect of restricting the rights or freedom of movement of the consumer*

Chemical restraint

Mechanical restraint

The Quality of Care Principles 2014 (Part 4A) defines five types of restrictive practices:

Seclusion

Environmental restraint

Physical restraint

Environmental restraint

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

Common Myths

- Only consumers that have exit seeking behaviours or are trying to exit are subject to environmental restraint.
- If a consumer is behind a locked door for security or safety this is not considered an environmental restraint.
- If the front door is locked but the consumer has free access to gardens this is not environmental restraint.
- Barn doors are banned by the Commission.

Physical restraint

Physical restraint is a practice or intervention that:

(a) involves the use of physical force to prevent, restrict or subdue movement of a care recipient's body, or part of a care recipient's body, for the primary purpose of influencing the care recipient's behaviour; **but**

(b) does **not** include the use of a hands-on technique in a reflexive way to guide or redirect the care recipient away from potential harm or injury if it is consistent with what could reasonably be considered the exercise of care towards the care recipient.

Myth

- Holding a consumer's hands while attending to personal care is not considered physical restraint.
- As long as the consumer is not harmed then it is not physical restraint.

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 care recipient's movement for the primary purpose of influencing the care recipient's behaviour*, but does **not** include the use of a device for therapeutic or non-behavioural purposes in relation to the care recipient.*

Myths

- Certain devices are restraint (e.g. bed rails, low beds).
- Bed Rails are banned by the Commission and cannot be used.
- Dignity Suits are not a restrictive practice as they are for 'dignity'.

Seclusion

- **Seclusion** is a practice or intervention that is, or that involves, the solitary confinement of a care recipient in a room or a physical space at any hour of the day or night where:

  (a) voluntary exit is prevented or not facilitated; or

  (b) it is implied that voluntary exit is not permitted; for the primary purpose of influencing the care recipient's behaviour.

Myths

- Taking a consumer to a lounge area if they are noisy or agitated is not seclusion.
- Seclusion does not apply if it's overnight.
- Seclusion used to teach a person a lesson is not a restrictive practice.

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 care recipient's behaviour, but does not include the use of medication prescribed for:

(a) the treatment of, or to enable treatment of, the care recipient for:

(i) a diagnosed mental disorder; or

(ii) a physical illness; or

(iii) a physical condition; or

(b) end of life care for the care recipient.

Myths

- the consumer's diagnosis is the only factor that needs to be considered
- only as required (PRN) medication needs to be considered a RP
- behavioural and psychological symptoms of dementia (BPSD) is a mental disorder
- anxiety and agitation are considered a mental disorder

Legislative requirements: informed consent for RP
(residential)

Requirements for any restrictive practice in accordance with the *Quality of Care Principles 2014*

A description of the approved provider's consultation about the use of the restrictive practice with:

(i) the care recipient; or

(ii) if the care recipient lacks the capacity to give informed consent to the use of the restrictive practice—the restrictive practices substitute decision-maker for the restrictive practice.

A record of the giving of informed consent to the use of the restrictive practice, and how it is to be used (including its duration, frequency and intended outcome), by:

(i) the care recipient; or

(ii) if the care recipient lacks the capacity to give that consent—the restrictive practices substitute decision-maker for the restrictive practice.

Invalid Consent Process - Example

Restraint Authorisation Form

Consumer Name: Mr Bill Jones

It is Homely Home's policy to only use restrictive practices when needed and after alternative options have been tried.

I consent to the need for mechanical restraint for Mr Jones and have been advised of the safety risks.

Representative signature:

Medical Practitioner signature:

Date: 10/05/2023

This does **not** evidence appropriate consultation/discussion to show valid informed consent was obtained. Information is non-specific and generic.

Specific information about the restrictive practice is **not** included.

This form does **not** provide evidence that the informing or consent process was done properly.

Only signing a consent form can indicate informed consent is **not** valid.

Who needs to be involved?

Restrictive Practice	RP Decision Maker - Informed consent	• Assessment • Monitor • Review • Evaluate & Document	Behaviour Support Plan	Alternative strategies considered, trialled and used	RP used as a... • last resort • least restrictive • shortest period	Who can assess the need for a restrictive practice?
Chemical	✓	✓	✓	✓	✓	Medical Practitioner Nurse Practitioner
Environmental	✓	✓	✓	✓	✓	Approved health practitioner
Mechanical	✓	✓	✓	✓	✓	Approved health practitioner
Physical	✓	✓	✓	✓	✓	Approved health practitioner
Seclusion	✓	✓	✓	✓	✓	Approved health practitioner *

* In accordance with the Quality of Care Principles 2014 *(the Principles)*, an approved health practitioner means a **medical practitioner, nurse practitioner or registered nurse.**

Psychotropic medications self-assessment tool (Commission template)

Record of consumers receiving psychotropic medication(s)

Date last updated:

Surname	First name	Date first prescribed (approx. if unknown)	A. Name of medication, dose and frequency	B. Reason for prescribing	C. If PRN, circumstances for use	D. Date and how prescriber last communicated informed consent had been obtained	E. Is the medication use identified as a restraint? Yes/No	F. Behaviour support plan developed and implemented. Yes/no If yes, date behaviour support planning commenced	G. Is monitoring occurring for effectiveness and side effects? Yes/no	H. Date of last formal medication review

- Completion of the Commission's template/tool is voluntary. It helps consolidate information for a provider in order to monitor and manage risks to consumers who are receiving psychotropic medications.
- Information in the psychotropic assessment tool may be used by Commission staff as part of ongoing assessment and monitoring activities.

Understanding Behaviour Support Plans (Residential)

A Behaviour Support Plan (BSP) must be developed and implemented:

For any consumer who experiences a changed behaviour or/and

For any consumer who may require the use of restrictive practices as part of their care to manage risks of harm to the consumer and/or others

A BSP must be a cohesive, fit-for-purpose, identifiable document that is inclusive of all information set out in the *Quality of Care Principles 2014*, and is able to meaningfully inform care.

What to Look for in a Behaviour Support Plan

Is the plan:

- informed by comprehensive and ongoing assessment
- person-centred with unique and individualised strategies
- being implemented and effective
- being updated and reviewed regularly or after changes in the consumer's circumstance

If a restrictive practices are being used:

- Does the plan outline the reasons for the use of the restrictive practice (i.e. to manage the clearly articulated risk/s of harm)
- Residential: the plan sets out all matters in the *Quality of Care Principles* and appropriately guide staff how the restrictive practice is to be used, monitored and reviewed
- Home Services: the plan sets out all relevant information and assessment about the restrictive practice.

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Questions