



Reportable incidents: inappropriate use of restrictive practices

Serious Incident Response Scheme

A fact sheet for providers of home care and flexible care delivered in a home or community setting



The Serious Incident Response Scheme (SIRS) helps prevent and reduce the risk of incidents of abuse and neglect in aged care services that are subsidised by the Australian Government.

Providers have responsibilities to prevent, minimise the risk of, and respond effectively to any incidents of abuse and neglect in connection with the care they provide. All incidents and near misses must be recorded in a provider's incident management system (IMS) to ensure a timely and appropriate response that minimises harm, supports those affected, reduces the risk of recurrence and informs continuous improvement.

Under the SIRS, there are eight types of reportable incidents that must be recorded in a provider's IMS and also reported to the Aged Care Quality and Safety Commission (the Commission).

This fact sheet covers reporting of incidents in a home or community setting relating to the inappropriate use of a restrictive practice. The circumstances in which home service providers are required to report the inappropriate use of a restrictive practice to the Commission are different to those in residential care.

What is an inappropriate use of a restrictive practice?

Whether the use of a restrictive practice in home services is a reportable incident depends on the circumstances in which it is used, and whether these are consistent with requirements as described in Parts 4A and 4B of the *Quality of Care Principles 2014*.

Any use of a restrictive practice that is not in line with the consumer's documented needs as described in their care and services plan is a reportable incident. This includes where the restrictive practice is used in an emergency situation.

For home services providers, the use of a restrictive practice is not a reportable incident where all of the criteria below are met:

- before the restrictive practice is used, the following matters were set out in the consumer's care and services plan:
 - the circumstances in which the restrictive practice may be used, including the consumer's behaviours of concern that are relevant to the need for the use
 - the manner in which the restrictive practice is to be used, including its duration, frequency and intended outcome, and
- the restrictive practice is used in:
 - the circumstances set out in the plan, and
 - the manner set out in the plan, and
 - accordance with any other provisions of the plan that relate to the use, and
- details about the use of the restrictive practice are documented as soon as practicable after the restrictive practice is used.

For more information and examples of types of restrictive practice access the Restrictive Practices Regulatory Bulletin from the Commission's website.

The inappropriate use of restrictive practices by a consumer's family member is **not** a reportable incident as it is **not connected to the provision of care and services to the consumer**. However, where service provider staff witness or suspect the consumer is being subjected to inappropriate use of restrictive practices, they should record this in their IMS and escalate to management in line with their policies and procedures.

Care and services plans

It is important to carefully plan the use of any non-emergency restrictive practice. This planning should be undertaken in partnership with consumers, their representatives and health practitioners.

Where restrictive practices are used, they must be in accordance with the consumer's documented care and services plan.

As required by Standard 2 of the Quality Standards, care and services plans must:

- consider the risks to the consumer's health and well-being to inform the delivery of safe and effective care and services
- address the consumer's current needs, goals and preferences
- be developed in collaboration with the consumer and others involved in the consumer's care
- be readily available to the consumer where care and services are provided
- be regularly reviewed for effectiveness and when circumstances change or incidents impact on the needs, goals or preferences of the consumer – this is particularly important where restrictive practices are used.

Restrictive practices can only be used in the circumstances and in the manner set out in the consumer's care and services plan and in accordance with any other provisions of the plan that relate to the use of restrictive practices.

Further examples of what does and does not constitute the inappropriate use of restrictive practices can be found in the table on [page 4](#). These examples are a guide only and should not replace your responsibility to carefully consider all the information and the specific circumstances when deciding whether use of a restrictive practice needs to be notified to the Commission under the SIRS.

How to respond to the inappropriate use of a restrictive practice

If there is evidence, an allegation or suspicion of a consumer being subjected to an inappropriate restrictive practice, you must first immediately ensure their wellbeing. This may include arranging medical or psychological assistance. Depending on the nature of the incident, you may also need to contact the police.

Following this, details of the incident must be recorded in your IMS.

Reporting inappropriate restrictive practices to the Commission

All incidents involving the inappropriate use of restrictive practices must be reported to the Commission. You must determine whether the incident meets the criteria for a Priority 1 or Priority 2 reportable incident to determine the reporting timeframe.

The Commission considers medical or psychological treatment to include the application of medical treatment or psychological treatment to cure a disease or condition or, to treat and resolve physical or psychological injury or discomfort.

In all cases, you should support the consumer and practise 'open disclosure' by explaining what happened and what actions you are taking to respond to the incident.



A Priority 1 reportable incident is a reportable incident:

- That caused, or could reasonably have been expected to have caused, a consumer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve; or
- Where there are reasonable grounds to report the incident to the police; or
- That involves unlawful sexual contact or inappropriate sexual conduct, the unexpected death of a consumer or a missing consumer.

You must notify the Commission of a Priority 1 reportable incident within 24 hours of becoming aware of the incident.

A Priority 2 reportable incident is a reportable incident:

- That does not meet the criteria of a Priority 1 incident.

You must notify the Commission of a Priority 2 reportable incident within 30 days of becoming aware of the incident.

How can I find out more?

The Commission has published a series of fact sheets relating to each type of reportable incident. To access these fact sheets and detailed guidance relating to the SIRS and incident management systems, visit agedcarequality.gov.au/sirs

Examples

| What is a reportable inappropriate use of a restrictive practice? | What is not a reportable inappropriate use of a restrictive practice? |
|---|---|
| <ul style="list-style-type: none"> Restricting a consumer's movement where this is not in line with their documented care and services plan. For example, depending on what is in the consumer's care plan this may include: <ul style="list-style-type: none"> installing bed rails to make it difficult for a consumer to get out of bed placing a table or something in front of a consumer in order to limit their ability to move locking a consumer's door so they can't exit a certain room or their house use of a bed belt or lap sash restraint. Physically blocking a consumer's path, holding onto a consumer preventing their movement or holding a consumer down. Removing the battery out of consumer's electric wheelchair or putting mobility aids out of a consumer's reach, in order to limit their movement. Any drug that is used to control, sedate or restrict the movement or behaviour of a consumer instead of for the treatment of a diagnosed health condition (in line with their documented care and services plan). | <ul style="list-style-type: none"> Where a provider uses the restrictive practice in line with the consumer's documented care and services plan, uses the restrictive practice in the course of providing aged care in a home or community setting, and records the use of the restrictive practice as soon as possible following the use. |

The above table is not an exhaustive list of examples – it is a guide only. You should assess each incident on an individual basis.

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