

Restrictive Practice

Date: 26th February 2024





Acknowledgement of Country





Behaviour Support and Restrictive Practices Unit

- Clinical Unit, FND, and Clinical Pharmacy Unit, RPU
- Implements recommendations from Royal Commission into Aged Care
- Provides clinical expertise and advice
- The RPU comprises clinicians (nurse practitioner, registered nurses and pharmacist)



Helpful Thinking

'Identify risk of harm'

- Legal processes in society to protect the rights of people
- These processes also pertain to people in aged care
- Restrictive practices can only be used if risk has been identified



Helpful Thinking

'Impact'

- Needs understanding to predict possible impacts and guide monitoring
- Impact physical, psychological, social, spiritual
- Impact on rights autonomy, choice, freedom, risk taking, bad decisions, access to the same freedoms and actions as wider society



Helpful Thinking

'Monitoring and review'

- Monitoring what to consider?
- Review when, who and how to review?

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 <u>five</u>
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.

Who needs to be involved?

Restrictive Practice	RP Decision Maker - Informed consent	AssessmentMonitorReviewEvaluate &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**.

Invalid Consent Process - Example

Restraint Authorisation Form

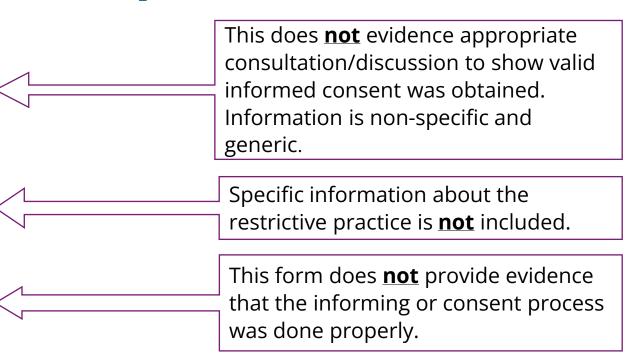
- Consumer Name: Mr Bill Jones
- It is Homely Home's policy to only use restrictive practices when needed and after alternative options have been tried.
- I consent to the need for mechanical restraint for Mr Jones and have been advised of the safety risks.
- Representative signature:



• Medical Practitioner signature:



Date: 10/05/2023



Only signing a consent form can

indicate informed consent is **not** valid.

Resources for Providers

<u>Charter of Aged Care Rights</u> (Commission website)

Overview of Restrictive Practices (Commission factsheet)

 New Consumers and Restrictive Practices (Commission factsheet)

 Frequently Asked Questions about Consent (Commission factsheet)

<u>Restrictive Practice Scenarios</u> (Commission factsheet)