

# **Restrictive Practices**

Information for people living in or visiting the residential aged care facility.

# What is a restrictive practice?

A restrictive practice is an intervention that effects the person's right to freedom of movement. When a restrictive practice is being considered, **consent for use must be gained** from the person or their representative, before it can be used.

### What are the types of restrictive practices used?

The 5 types of restrictive practices are:

- 1. Chemical restraint using a medication to change or modify a person's behaviour, rather than using the medication to treat a medical condition.
- 2. Environmental restraint using environmental barriers that stops a person freely moving around the environment. For example, key coded front doors may be an environmental restraint.
- 3. Mechanical restraint using a device to restrict a person's free movement, for example, a bed rail preventing a person from leaving their bed.
- 4. Physical restraint using physical force to restrict a person's movement, for example a person's arm is held tight to redirect.
- 5. Seclusion using solitary confinement. Used intentionally when there is no voluntary or unaided exit and to influence a person's behaviour. For example, placing a person alone in a space or room from which they cannot exit.

## What are the risks if using a restrictive practice?

Restrictive practices can lead to:

- Increasing confusion of people who have dementia
- Reducing the ability for a person to perform normal activities and tasks
- Loss of strength, which can lead to the person falling
- Constipation and/or incontinence
- The person becoming isolated and lonely
- Physical and mental injury or death of the person

# When is restrictive practice used?

A restrictive practice can only be used if no alternative treatment is available or when there is an emergency (the person or another person is in immediate harm).

Restrictive practices must be used as a last resort, for the least amount of time, must be monitored and reviewed regularly. This is due to the possible harm and risk they can cause older people.





#### Why is consent required?

All restrictive practices must be consented to.

The consent must be informed, that is the reasons, the alternatives and the risks and benefits have all been clearly discussed prior to the use of the restrictive practice. In an emergency, consent may be obtained after administration.

For chemical restraints, it is required that either a GP or nurse practitioner must obtain consent from the person receiving the medication or their representative to prescribe a chemical restraint.

For environmental, mechanical, physical and seclusion restraints, a nurse can obtain consent from the person receiving the restraint or their representative.

#### Working together

You, your family and friends understand what it is you need. When you share information with staff your choices and needs can be understood by the care team. Your information assists to develop a plan of care that is centred on you and meets your specific needs. Sharing information can also assist care staff to avoid using restrictive practices because they will understand your needs and wishes.

Talk to staff about the use of restrictive practices and ask questions about how care is best delivered to you.

#### **Questions to ask staff**

- Have you checked for pain, illness or infection?
- What is the restraint for? Is it necessary?
- How long will it be used for?
- What are the alternatives tried to restraint?
- Is there a behaviour support plan in place?
- Is the GP regularly reviewing the chemical restraint medication?
- Has a specialist been consulted?



#### Want to know more?

Restrictive practice information can be found at the Department of Health and Aged Care <a href="https://www.health.gov.au/topics/aged-care/providing-aged-care-services/training-and-guidance/restrictive-practices-in-aged-care-a-last-resort">https://www.health.gov.au/topics/aged-care/providing-aged-care-services/training-and-guidance/restrictive-practices-in-aged-care-a-last-resort</a>.

Aged Care Quality and Safety Commission Frequently asked questions about consent fact sheet <a href="https://www.agedcarequality.gov.au/sites/default/files/media/frequently-asked-questions-about-consent\_0.pdf">https://www.agedcarequality.gov.au/sites/default/files/media/frequently-asked-questions-about-consent\_0.pdf</a>>.

**Disclaimer:** This health information is for general purposes only. Please consult with your doctor or other health professional to make sure this information is right for you.

#### To receive this document in another format email VICPSRACS

<vicpsracs@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Australia, Department of Health, May 2025.

ISBN 978-1-76131-665-4 (pdf/online/MS word).

Available from the Department of Health residential aged care information web page <a href="https://www.health.vic.gov.au/residential-aged-care/participating-with-consumers">https://www.health.vic.gov.au/residential-aged-care/participating-with-consumers</a>. Printed by Gunn + Taylor, Glen Waverley. (2402680)