



familybasedcare Tasmania

POLICY – RESTRICTIVE PRACTICES – AGED CARE

ID No: FBC-18-818

Version: 1.0

Applies to:	• All Employees
Applicable Standards:	• Aged Care Quality Standards • Charter of Aged Care Rights • Quality of Care Principles
Applicable Legislation:	• Aged Care Act 1997

Guiding Principle

Family Based Care Tasmania (FBC) strives to preserve the dignity, autonomy, safety, and human rights of aged care consumers. Management and staff are committed to a consumer-centred care approach, and appropriate behavioural management to avoid the use of Restrictive Practices. Restrictive Practice is only considered after exhausting all reasonable alternative strategies. In these circumstances the least restrictive form of Restrictive Practice is used.

Definitions

The Aged Care Act provides that:

“A restrictive practice in relation to a care recipient is any practice or intervention that has the effect of restricting the rights or freedom of movement of the care recipient.”

The Quality of Care Principles expands on this definition to say that each of the following is a restrictive practice in relation to a care recipient:

- chemical restraint,
- environmental restraint,
- mechanical restraint,
- physical restraint, and
- seclusion.

Chemical restraint is defined as 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.

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.

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.

Physical restraint is a practice or intervention that:

- a. is or 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 to be the exercise of care towards the care recipient.

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.

Restrictive Practices Substitute Decision-Maker is defined as a person or body that, under Tasmanian law can give informed consent to:

- a. the use of the restrictive practice in relation to the care recipient; and
- b. if the restrictive practice is chemical restraint — the prescribing of medication for the purpose of using the chemical restraint;

if the care recipient lacks the capacity to give that consent.

The "Restrictive Practices Substitute Decision-Maker" (RPSD-M) can also be "a nominated family member identified in the Care and Services Plan, or a body such as a State or Territory Public Guardian."

Responsibilities

Provider responsibilities

FBC staff must consider the rights of aged care consumers at all times and comply with all legislative obligations. When FBC staff use a restrictive practice, they must:

- use it as a last resort to prevent harm to a care recipient or others after considering how it impacts the care recipient;
- trial and document alternative strategies before considering a restrictive practice;
- use it in the least restrictive form and for the shortest time needed;
- ensure the care recipient or the RPSD-M gives informed consent for the use of the practice;
- only use it in line with the rights and responsibilities of care recipients outlined in the Charter of Aged Care Rights; and
- monitor and regularly review its use.

Detailed Procedure

Staff are to refer to the accompanying Procedure - Aged Care Restrictive Practices for more detailed guidance on the use of Restrictive Practices in an in-home aged care setting.

Authorised by:



Date:

18/9/23

President of the Board