

Restrictive Practices Policy Template

Purpose:

To ensure restrictive practices are used only as a last resort in aged care settings, in accordance with the Aged Care Quality Standards and relevant Australian legislation, ensuring residents' rights, dignity, and wellbeing are protected.

Scope:

Applies to all staff, contractors, and volunteers involved in care delivery or behaviour support requiring restrictive practice interventions.

Policy Statement:

Restrictive practices must be:

- Minimised and used only when necessary to prevent harm and after all alternative strategies have been exhausted.
- Applied in a manner that respects the individual's dignity and human rights.
- Authorised, monitored, and reviewed according to legislative and regulatory requirements.

Legislative Context:

- Aged Care Act 1997 (Cth) and Quality of Care Principles 2014
- Aged Care Quality Standards (Standard 3: Personal Care and Clinical Care)
- Charter of Aged Care Rights

Definitions:

Restrictive practices include chemical, physical, mechanical, environmental, and seclusion practices that restrict a resident's movement or decision-making.

Responsibilities:

- **Approved Provider:** Ensures policy compliance and staff training.
- **Facility Manager:** Reviews all restrictive practice use, records authorisations, and ensures reports to relevant authorities.

- **Care Staff:** Implements alternative strategies, records incidents, and follows approved behaviour support plans.
- **Behaviour Support Practitioner:** Develops and reviews personalised behaviour support plans.

Key Principles:

1. Use the least restrictive option possible.
2. Implement only under a documented behaviour support plan.
3. Obtain informed consent where applicable.
4. Regularly monitor, review, and document outcomes.
5. Report all restrictive practice incidents to the relevant regulatory authority.
6. Provide staff training on behaviour support and human rights awareness.

Procedures:

1. Identify behavioural triggers and alternative strategies.
2. Conduct risk assessment for the resident and others.
3. Obtain authorisation (clinical, managerial, and guardian if required).
4. Document details in care plan and behavioural support record.
5. Monitor and record restraint duration, impact, and review outcome.
6. Report any incident as required by Serious Incident Response Scheme (SIRS).

Monitoring and Review:

- Audits conducted quarterly on restrictive practice usage.
- Reports submitted to the Facility Manager and Regulatory Authority.
- Annual policy review aligning with new legislative changes.

Associated Policies:

- Behaviour Support Policy
- Human Rights and Dignity Policy
- Risk Management Policy
- Incident Management and Reporting Policy

Evidence and Records:

Disclaimer: This document is intended as a framework and guideline only. It does not constitute legal advice or a finished organizational policy. Your final policy should be customized to your specific needs and must undergo a formal review and approval process by your organization's leadership or legal department.

- Behaviour support plans
- Restraint authorisation forms
- Incident and monitoring logs
- Staff training records

Policy Control:

Version	Effective Date	Review Date	Policy Owner	Approved By	Status
1.0	20 January 2026	20 January 2027	Quality & Compliance Manager	Approved Provider Board	Draft

Compliance Summary:

Entity Type	Entity Name	Completion Rate	Status
Policy	Restrictive Practices Policy	100%	FULLY COMPLIANT (100%)