Quality of Care Principles 2014

made under section 96-1 of the

Aged Care Act 1997

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About this compilation

This compilation

This is a compilation of the *Quality of Care Principles 2014* that shows the text of the law as amended and in force on 1 April 2023 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Part 1—Preliminary

1 Name of principles

This instrument is the *Quality of Care Principles 2014*.

3 Authority

This instrument is made under section 96-1 of the *Aged Care Act 1997*.

4 Definitions

Note: A number of expressions used in this instrument are defined in the Act, including the following:
(a) classification level;
(b) continuing residential care recipient;
(c) reportable incident;
(e) restrictive practice;
(f) staff member.

In this instrument:

Act means the *Aged Care Act 1997*.

ADL domain has the meaning given by the *Classification Principles 2014*.

approved health practitioner means a medical practitioner, nurse practitioner or registered nurse.

behaviour domain has the meaning given by the *Classification Principles 2014*.

care and services plan, for a care recipient, means the care and services plan documented for the care recipient in accordance with the Aged Care Quality Standards set out in Schedule 2.

Note: See Standard 2 (ongoing assessment and planning with consumers) set out in clause 2 of Schedule 2.

CHC domain has the meaning given by the *Classification Principles 2014*.

chemical restraint has the meaning given by subsection 15E(2).

consumer has the meaning given by section 4A.

domain has the meaning given by the *Classification Principles 2014*.

domain category has the meaning given by the *Classification Principles 2014*.

environmental restraint has the meaning given by subsection 15E(3).

home care setting has the meaning given by section 4 of the *Subsidy Principles 2014*.

individual nominee has the meaning given by subsection 5A(2).

mechanical restraint has the meaning given by subsection 15E(4).

medical practitioner has the same meaning as in the *Health Insurance Act 1973*.

medical treatment authority, for a care recipient, means an individual or body that, under the law of the State or Territory in which the care recipient is provided with aged care, has been appointed in writing as an individual or body that can give informed consent to the provision of medical treatment (however described) to the care recipient if the care recipient lacks capacity to give that consent.

MM 5 area means an area in the MM category known as MM 5.

MM 6 area means an area in the MM category known as MM 6.

MM 7 area means an area in the MM category known as MM 7.

MM category has the meaning given by section 64H of the *Aged Care (Subsidy, Fees and Payments) Determination 2014*.

nominee group has the meaning given by subsection 5A(3).

nurse practitioner has the same meaning as in the *Health Insurance Act 1973*.

offline place: a place is an ***offline place*** for a residential care service on a day if:

(a) the place is covered by a notice under subsection 27B(2) of the *Accountability Principles 2014*; and

(b) the day is within the period specified in the notice.

operational place: a place is an ***operational place*** in a residential facility on a day if, on the day:

(a) the place is allocated in respect of:

(i) the facility's location; and

(ii) a residential care service through which residential care is provided at the facility; and

(b) the allocation of the place is held by the approved provider that provides residential care through the service; and

(c) the place is not provisionally allocated; and

(d) the place is not an offline place for the service; and

(e) the provider would be eligible for residential care subsidy under Part 3.1 of the Act, or Part 3.1 of the *Aged Care (Transitional Provisions) Act 1997*, if a care recipient were provided with residential care through the service.

organisation means the approved provider of an aged care service.

physical restraint has the meaning given by subsection 15E(5).

priority 1 reportable incident has the meaning given by section 15NE.

Quality and Safety Commission Rules means rules made under the Quality and Safety Commission Act.

registered nurse has the same meaning as in the *Health Insurance Act 1973*.

representative, of a consumer, has the meaning given by section 5.

residential care setting has the meaning given by section 4 of the *Subsidy Principles 2014*.

restrictive practices nominee has the meaning given by subsection 5A(1).

restrictive practices substitute decision-maker has the meaning given by section 5B.

seclusion has the meaning given by subsection 15E(6).

service environment has the meaning given by subclause 5(4) of Schedule 2.

services and supports for daily living has the meaning given by subclause 4(4) of Schedule 2.

service staff, in relation to an aged care service, means staff (including volunteers) who access, or are reasonably likely to access, any premises where the operation or administration of the service occurs.

short-term restorative care has the meaning given by section 4 of the *Subsidy Principles 2014*.

transition care has the meaning given by section 4 of the *Subsidy Principles 2014*.

workforce, of an organisation that is the approved provider of an aged care service, means the service staff in relation to the aged care service.

4A Meaning of *consumer*

(1) ***Consumer*** means a person to whom an approved provider provides, or is to provide, care through an aged care service.

(2) A reference to a consumer in a provision of the Aged Care Quality Standards set out in Schedule 2 includes a reference to a representative of the consumer, so far as the provision is capable of applying to a representative of a consumer.

5 Meaning of *representative*

(1) ***Representative***, of a consumer, means:

(a) a person nominated by the consumer as a person to be told about matters affecting the consumer; or

(b) a person:

(i) who nominates themselves as a person to be told about matters affecting a consumer; and

(ii) who the relevant organisation is satisfied has a connection with the consumer and is concerned for the safety, health and well-being of the consumer.

(2) Without limiting subparagraph (1)(b)(ii), a person has a connection with a consumer if:

(a) the person is a partner, close relation or other relative of the consumer; or

(b) the person holds an enduring power of attorney given by the consumer; or

(c) the person has been appointed by a State or Territory guardianship board (however described) to deal with the consumer's affairs; or

(d) the person represents the consumer in dealings with the organisation.

(3) Nothing in this section is intended to affect the powers of a substitute decision-maker appointed for a person under a law of a State or Territory.

5A Nominating restrictive practices nominees

(1) ***Restrictive practices nominee***, for a restrictive practice in relation to a care recipient, means:

(a) if there is only a single individual nominee for the restrictive practice in relation to the care recipient—that individual nominee; or

(b) if there is only a nominee group for the restrictive practice in relation to the care recipient—that nominee group; or

(c) if there is more than one individual nominee, or a nominee group and one or more individual nominees, for the restrictive practice in relation to the care recipient—the individual nominee or nominee group (as applicable) that takes precedence (see paragraph (9)(a)).

(2) ***Individual nominee***, for a restrictive practice in relation to a care recipient, means an individual:

(a) who has been nominated by the care recipient, in accordance with this section, as an individual who can give informed consent to the use of the restrictive practice in relation to the care recipient if the care recipient lacks capacity to give that consent; and

(b) who has agreed, in writing, to the nomination (and has not withdrawn that agreement); and

(c) who has capacity to give the informed consent mentioned in paragraph (a).

(3) ***Nominee group***, for a restrictive practice in relation to a care recipient, means a group of individuals:

(a) who have been nominated by the care recipient, in accordance with this section, as a group of individuals who can jointly give informed consent to the use of the restrictive practice in relation to the care recipient if the care recipient lacks capacity to give that consent; and

(b) each of whom has agreed, in writing, to the nomination (and has not withdrawn that agreement); and

(c) each of whom has capacity to give the informed consent mentioned in paragraph (a).

(4) A care recipient may make, vary or revoke a nomination only if the care recipient has capacity to do so.

(5) A nomination, or a variation or revocation of a nomination, must be made in writing.

(6) A nomination (or varied nomination) of a group may nominate not more than 3 individuals as members of the group.

(7) A nomination (or varied nomination) may include only one nomination of a group.

(8) An individual may be nominated as an individual, or as a member of a group, but not both.

(9) If a nomination (or a varied nomination) nominates more than one individual nominee, or both one or more individual nominees and a nominee group, the nomination (or varied nomination) must:
   (a) state the order of precedence in which the individual nominees and nominee group (as applicable) are nominated; and
   (b) if a nominee group is nominated—state the rules that will apply if the members of the group cannot agree on whether to give informed consent as mentioned in paragraph (3)(a) in a particular case.

(10) A care recipient may nominate, as an individual or a member of a group, an individual who is a member of the service staff in relation to an aged care service through which aged care is provided to the care recipient only if the individual is the partner or a relative of the care recipient.

5B Meaning of *restrictive practices substitute decision-maker*

(1) An individual or body is the ***restrictive practices substitute-decision maker*** for a restrictive practice in relation to a care recipient if the individual or body has been appointed, under the law of the State or Territory in which the care recipient is provided with aged care, as an individual or body that can give informed consent to the use of the restrictive practice in relation to the care recipient if the care recipient lacks capacity to give that consent.

(2) The following table has effect if:
   (a) there is no such individual or body appointed for the restrictive practice in relation to the care recipient under the law of the State or Territory in which the care recipient is provided with aged care; and
   (b) either:
      (i) there is no clear mechanism for appointing such an individual or body under the law of the State or Territory; or
      (ii) an application has been made for an appointment under the law of the State or Territory in relation to the use of the restrictive practice in relation to the care recipient, but there is a significant delay in deciding the application.

Meaning of *restrictive practices substitute decision-maker*		
Item	**Column 1** **For a restrictive practice in relation to the care recipient, if …**	**Column 2** **the *restrictive practices substitute decision-maker* for that restrictive practice in relation to the care recipient is …**
1	there is a restrictive practices nominee for the restrictive practice in relation to the care recipient	that restrictive practices nominee.
2	item 1 does not apply to the restrictive practice in relation to the care recipient, but the care recipient has a partner: (a) with whom the care recipient has a close continuing relationship; and (b) who has agreed, in writing, to act as a restrictive practices substitute decision-maker for the restrictive practice in relation to the care recipient (and has not withdrawn that agreement); and (c) who has capacity to act as a restrictive practices substitute decision-maker for the restrictive practice in relation to the care recipient	that partner.
3	items 1 and 2 of this table do not apply to the restrictive practice in relation to the care recipient, but the care recipient has a relative or friend: (a) who, immediately before the care recipient entered aged care of a kind specified in section 15DA, was a carer for the care recipient on an unpaid basis; and (b) who has a personal interest in the care recipient's welfare on an unpaid basis; and (c) with whom the care recipient has a close continuing relationship; and (d) who has agreed, in writing, to act as a restrictive practices substitute decision-maker for the restrictive practice in relation to the care recipient (and has not withdrawn that agreement); and (e) who has capacity to act as a restrictive practices substitute decision-maker for the restrictive practice in relation to the care recipient	(a) if there is 1 such relative or friend—that relative or friend; or (b) if there are 2 or more such relatives or friends—the eldest of those relatives or friends.

Meaning of *restrictive practices substitute decision-maker*		
Item	**Column 1** **For a restrictive practice in relation to the care recipient, if …**	**Column 2** **the *restrictive practices substitute decision-maker* for that restrictive practice in relation to the care recipient is …**
4	items 1, 2 and 3 of this table do not apply to the restrictive practice in relation to the care recipient, but the care recipient has a relative or friend: (a) who has a personal interest in the care recipient's welfare on an unpaid basis; and (b) with whom the care recipient has a close continuing relationship; and (c) who has agreed, in writing, to act as a restrictive practices substitute decision-maker for the restrictive practice in relation to the care recipient (and has not withdrawn that agreement); and (d) who has capacity to act as a restrictive practices substitute decision-maker for the restrictive practice in relation to the care recipient	(a) if there is 1 such relative or friend—that relative or friend; or (b) if there are 2 or more such relatives or friends—the eldest of those relatives or friends.
5	items 1, 2, 3 and 4 of this table do not apply to the restrictive practice in relation to the care recipient, but there is a medical treatment authority for the care recipient	(a) if there is 1 such medical treatment authority—that medical treatment authority; or (b) if there are 2 or more such medical treatment authorities and the law of the State or Territory in which the care recipient is provided with aged care provides for the order of precedence of the medical treatment authorities—the medical treatment authority that takes precedence under that law; or (c) if: (i) there are 2 or more medical treatment authorities; and (ii) the law of the State or Territory in which the care recipient is provided with aged care does not provide for the order of precedence of the medical treatment authorities; and (iii) 1 of the medical treatment authorities is an individual; that individual; or (d) if: (i) there are 2 or more medical treatment

Meaning of *restrictive practices substitute decision-maker*		
Item	**Column 1** **For a restrictive practice in relation to the care recipient, if …**	**Column 2** **the *restrictive practices substitute decision-maker* for that restrictive practice in relation to the care recipient is …**
		authorities; and (ii) the law of the State or Territory in which the care recipient is provided with aged care does not provide for the order of precedence of the medical treatment authorities; and (iii) 1 or more of the medical treatment authorities are individuals; the eldest of those individuals.

(3) For the purposes of paragraph (a) of column 1 of item 3 in the table in subsection (2), a person was a carer for the care recipient on an unpaid basis if:

(a) the person was not employed, hired, retained or contracted (whether directly or through an employment or recruiting agency) as a carer for the care recipient; and

(b) no payment or benefit other than one or more of the following was or will be made or given to the person for being a carer for the care recipient:

(i) a carer payment or equivalent benefit;

(ii) payment in kind;

(iii) a payment or benefit as a beneficiary under the care recipient's will.

(4) For the purposes of paragraph (b) of column 1 of item 3 in the table and paragraph (a) of column 1 of item 4 in the table in subsection (2), a person has a personal interest in the care recipient's welfare on an unpaid basis if:

(a) the person is not employed, hired, retained or contracted (whether directly or through an employment or recruiting agency) to have that interest; and

(b) no payment or benefit other than one or more of the following is or will be made or given to the person for having that interest:

(i) a carer payment or equivalent benefit;

(ii) payment in kind;

(iii) a payment or benefit as a beneficiary under the care recipient's will.

Part 2—Residential care services

6 Purpose of this Part

For subsection 54-1(1) of the Act, this Part specifies:

(a) the care and services that an approved provider of a residential care service must provide; and

(b) other responsibilities of an approved provider of a residential care service in relation to the quality of the aged care that the approved provider provides.

7 Care and services that must be provided

(1) For paragraph 54-1(1)(a) of the Act, an approved provider of a residential care service must, for each item in a table in Schedule 1, provide the care or service specified in column 1 of the item to any care recipient who needs it.

(2) The content of the care or service specified in column 1 of the item consists of the matter specified in column 2 of the item.

(3) The care or service must be provided by the approved provider in a way that complies with the Aged Care Quality Standards set out in Schedule 2.

8 Influenza vaccination schemes for service staff

An approved provider of a residential care service must:

(a) provide service staff with access to annual influenza vaccinations for free; and

(b) promote the benefits, for service staff and care recipients, of service staff receiving annual influenza vaccinations.

Part 3—Home care services

12 Purpose of this Part

For paragraph 54-1(1)(a) of the Act, this Part specifies the care and services that an approved provider of a home care service must provide to a care recipient.

13 Care and services that must be provided

(1) An approved provider of a home care service must provide, to a care recipient to whom the approved provider provides home care through the home care service, a package of care and services that includes:

(a) care management (as specified in item 1 of the table in clause 1A of Schedule 3); and

(b) at least one other service that is specified in Part 1 of Schedule 3 or agreed under subsection (2).

(2) The care recipient and the approved provider may agree to include, in the package of care and services, other care and services required to support the care recipient to live at home, provided that:

(a) the approved provider is able to provide the care and services within the limits of the resources available; and

(b) the item is not specified in Part 2 of Schedule 3 as an excluded item.

(3) The package of care and services may be used to support the use of telehealth and digital technology, such as remote monitoring, if this is agreed under subsection (2).

(4) The care and services must be consistent with the care and services plan for the care recipient.

(5) The care and services must be provided by the approved provider in a way that complies with the Aged Care Quality Standards set out in Schedule 2.

Part 4—Certain flexible care services

15A Purpose of this Part

For the purposes of subsection 54-1(1) of the Act, this Part specifies:

(a) the care and services that an approved provider of flexible care in the form of short-term restorative care may provide to a care recipient; and

(b) other responsibilities of an approved provider of such flexible care in relation to the quality of the aged care that the approved provider provides.

15B Care and services that may be provided in a residential care setting

(1) This section applies in relation to an approved provider of flexible care in the form of short-term restorative care if the care is provided in a residential care setting.

(2) The approved provider must, for each item in a table in Part 1 of Schedule 5, provide the care or service specified in column 1 of the item to any care recipient who needs it.

(3) The content of the care or service specified in column 1 of the item consists of the matter specified in column 2 of the item.

(4) The care and services must be consistent with the care and services plan for the care recipient.

(5) The care and services must be provided by the approved provider in a way that complies with the Aged Care Quality Standards set out in Schedule 2.

15BA Influenza vaccination schemes for service staff—care provided in a residential care setting

(1) This section applies in relation to an approved provider of flexible care in the form of short-term restorative care if the care is provided in a residential care setting.

(2) The approved provider must:

(a) provide service staff with access to annual influenza vaccinations for free; and

(b) promote the benefits, for service staff and care recipients, of service staff receiving annual influenza vaccinations.

15C Care and services that may be provided in a home care setting

(1) This section applies in relation to an approved provider of flexible care in the form of short-term restorative care if the care is provided in a home care setting.

(2) The approved provider must provide a package of care and services selected from the care and services specified in Division 1 of Part 2 of Schedule 5.

(3) The package of care and services must not include an item specified in Division 2 of Part 2 of Schedule 5 as an excluded item.

(4) The care and services must be consistent with the care and services plan for the care recipient.

(5) The care and services must be provided by the approved provider in a way that complies with the Aged Care Quality Standards set out in Schedule 2.

Part 4A—Behaviour support and restrictive practices—residential care and certain flexible care

Division 1—Preliminary

15D Purpose of this Part

This Part:

(a) specifies kinds of aged care; and

(b) provides that certain practices or interventions are restrictive practices; and

(c) sets out circumstances for the use of restrictive practices in relation to care recipients; and

(d) specifies other responsibilities of approved providers; and

(e) specifies persons and bodies in relation to the giving of informed consent to the use of restrictive practices in relation to care recipients.

15DA Kinds of aged care for the purposes of paragraph 54-1(1)(f) of the Act

For the purposes of paragraph 54-1(1)(f) of the Act, the following kinds of aged care are specified:

(a) residential care;

(b) flexible care in the form of short-term restorative care provided in a residential care setting.

Division 2—Restrictive practices

15E Practices or interventions that are restrictive practices

(1) For the purposes of subsection 54-9(2) of the Act, each of the following is a restrictive practice in relation to a care recipient:
  (a) chemical restraint;
  (b) environmental restraint;
  (c) mechanical restraint;
  (d) physical restraint;
  (e) seclusion.

(2) ***Chemical restraint*** is 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.

(3) ***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.

(4) ***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.

(5) ***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.

(6) ***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.

Division 3—Circumstances for the use of restrictive practices

15F Circumstances for the use of restrictive practices

For the purposes of paragraph 54-1(1)(f) of the Act, the circumstances in which an approved provider may use a restrictive practice in relation to a care recipient are that the requirements set out in this Division that apply to the restrictive practice in relation to the care recipient are satisfied.

Note: The use of a restrictive practice in relation to a care recipient of an approved provider other than in these circumstances is a reportable incident (see paragraph 54-3(2)(g) of the Act).

15FA Requirements for the use of any restrictive practice

(1) The following requirements apply to the use of any restrictive practice in relation to a care recipient:

(a) the restrictive practice is used only:

(i) as a last resort to prevent harm to the care recipient or other persons; and

(ii) after consideration of the likely impact of the use of the restrictive practice on the care recipient;

(b) to the extent possible, best practice alternative strategies have been used before the restrictive practice is used;

(c) the alternative strategies that have been considered or used have been documented in the behaviour support plan for the care recipient;

(d) the restrictive practice is used only to the extent that it is necessary and in proportion to the risk of harm to the care recipient or other persons;

(e) the restrictive practice is used in the least restrictive form, and for the shortest time, necessary to prevent harm to the care recipient or other persons;

(f) informed consent to the use of the restrictive practice, and how it is to be used (including its duration, frequency and intended outcome), has been given by:

(i) the care recipient; or

(ii) if the care recipient lacks the capacity to give that consent—the restrictive practices substitute decision-maker for the restrictive practice;

(fa) the use of the restrictive practice is in accordance with the informed consent mentioned in paragraph (f);

(g) the use of the restrictive practice complies with any provisions of the behaviour support plan for the care recipient that relate to the use of the restrictive practice;

(h) the use of the restrictive practice complies with the Aged Care Quality Standards set out in Schedule 2;

(i) the use of the restrictive practice is not inconsistent with the Charter of Aged Care Rights set out in Schedule 1 to the *User Rights Principles 2014*;

(j) the use of the restrictive practice meets the requirements (if any) of the law of the State or Territory in which the restrictive practice is used.

(2) However, the requirements set out in paragraphs (1)(a), (b), (c), (f), (fa) and (g) do not apply to the use of a restrictive practice in relation to a care recipient if the use of the restrictive practice in relation to the care recipient is necessary in an emergency.

(3) Subsection (2) applies only while the emergency exists.

Note: See section 15GB for other responsibilities of approved providers that apply if the use of a restrictive practice in relation to a care recipient is necessary in an emergency.

15FB Additional requirements for the use of restrictive practices other than chemical restraint

(1) The following requirements apply to the use of a restrictive practice in relation to a care recipient that is not chemical restraint:

(a) an approved health practitioner who has day-to-day knowledge of the care recipient has:

(i) assessed the care recipient as posing a risk of harm to the care recipient or any other person; and

(ii) assessed that the use of the restrictive practice is necessary;

(b) the following matters have been documented in the behaviour support plan for the care recipient:

(i) the assessments;

(ii) a description of any engagement with persons other than the approved health practitioner in relation to the assessments;

(iii) a description of any engagement with external support services (for example, dementia support specialists) in relation to the assessments.

(2) However, the requirement set out in paragraph (1)(b) does not apply to the use of a restrictive practice in relation to a care recipient if the use of the restrictive practice in relation to the care recipient is necessary in an emergency.

(3) Subsection (2) applies only while the emergency exists.

Note: See section 15GB for other responsibilities of approved providers that apply if the use of a restrictive practice in relation to a care recipient is necessary in an emergency.

15FC Additional requirements for the use of restrictive practices that are chemical restraint

(1) The following requirements apply to the use of a restrictive practice in relation to a care recipient that is chemical restraint:

(a) the approved provider is satisfied that a medical practitioner or nurse practitioner has:

(i) assessed the care recipient as posing a risk of harm to the care recipient or any other person; and

(ii) assessed that the use of the chemical restraint is necessary; and

(iii) prescribed medication for the purpose of using the chemical restraint; and

(iv) obtained informed consent to the prescribing of the medication for the purpose of using the chemical restraint;

(b) the following matters have been documented in the behaviour support plan for the care recipient:

(i) the assessments;

(ii) the practitioner's decision to use the chemical restraint;

(iii) the care recipient's behaviours that are relevant to the need for the chemical restraint;

(iv) the reasons the chemical restraint is necessary;

(v) the information (if any) provided to the practitioner that informed the decision to prescribe the medication for the purpose of using the chemical restraint;

(va) that the approved provider is satisfied that the practitioner obtained informed consent to the prescribing of the medication;

(vb) the details of the prescription for the prescribed medication, including its name, dosage and when it may be used;

(vi) a description of any engagement with persons other than the practitioner in relation to the use of the chemical restraint;

(vii) a description of any engagement with external support services (for example, dementia support specialists) in relation to the assessments;

(c) the use of the medication for the purpose of using the chemical restraint is in accordance with the prescription mentioned in subparagraph (b)(vb).

Note: Codes of appropriate professional practice for medical practitioners and nurse practitioners provide for the practitioners to obtain informed consent before prescribing medications. Those codes are approved under the Health Practitioner Regulation National Law and are:

(a) for medical practitioners—*Good medical practice: a code of conduct for doctors in Australia* (which in 2021 could be viewed on the website of the Medical Board of Australia (https://www.medicalboard.gov.au)); and

(b) for nurse practitioners—*Code of conduct for nurses* (which in 2021 could be viewed on the website of the Nursing and Midwifery Board of Australia (https://www.nursingmidwiferyboard.gov.au)).

(2) However, the requirements set out in subparagraph (1)(a)(iv) and paragraph (1)(b) do not apply to the use of a restrictive practice in relation to a care recipient if the use of the restrictive practice in relation to the care recipient is necessary in an emergency.

(3) Subsection (2) applies only while the emergency exists.

Note: See section 15GB for other responsibilities of approved providers that apply if the use of a restrictive practice in relation to a care recipient is necessary in an emergency.

Division 4—Other responsibilities of approved providers relating to restrictive practices

15G Purpose of this Division

For the purposes of paragraph 54-1(1)(h) of the Act, this Division specifies other responsibilities of an approved provider that provides aged care of a kind specified in section 15DA of this instrument to a care recipient.

15GA Responsibilities while restrictive practice being used

If an approved provider uses a restrictive practice in relation to a care recipient, the approved provider must ensure that while the restrictive practice is being used:

(a) the care recipient is monitored for the following:
  (i) signs of distress or harm;
  (ii) side effects and adverse events;
  (iii) changes in mood or behaviour;
  (iv) changes in well-being, including the care recipient's ability to engage in activities that enhance quality of life and are meaningful and pleasurable;
  (v) changes in the care recipient's ability to maintain independent function (to the extent possible);
  (vi) changes in the care recipient's ability to engage in activities of daily living (to the extent possible); and
(b) the necessity for the use of the restrictive practice is regularly monitored, reviewed and documented; and
(c) the effectiveness of the use of the restrictive practice, and the effect of changes in the use of the restrictive practice, are monitored; and
(d) to the extent possible, changes are made to the care recipient's environment to reduce or remove the need for the use of the restrictive practice; and
(e) if the restrictive practice is chemical restraint—information about the effects and use of the chemical restraint is provided to the medical practitioner or nurse practitioner who prescribed the medication for the purpose of using the chemical restraint as mentioned in paragraph 15FC(1)(a).

15GB Responsibilities following emergency use of restrictive practice

If an approved provider uses a restrictive practice in relation to a care recipient and the use of the restrictive practice in relation to the care recipient is necessary in an emergency, the approved provider must, as soon as practicable after the restrictive practice starts to be used:

(a) if the care recipient lacked capacity to consent to the use of the restrictive practice—inform the restrictive practices substitute decision-maker for the restrictive practice about the use of the restrictive practice; and

(b) ensure that the following matters are documented in the behaviour support plan for the care recipient:
  (i) the care recipient's behaviours that were relevant to the need for the use of the restrictive practice;
  (ii) the alternative strategies that were considered or used (if any) before the use of the restrictive practice;
  (iii) the reasons the use of the restrictive practice was necessary;
  (iv) the care to be provided to the care recipient in relation to the care recipient's behaviour;
  (v) if the restrictive practices substitute decision-maker for the restrictive practice was informed about the use of the restrictive practice under paragraph (a)—a record of the restrictive practices substitute decision-maker being so informed; and
(c) if the restrictive practice is not chemical restraint—ensure that the assessments mentioned in paragraph 15FB(1)(a) are documented in the behaviour support plan for the care recipient; and
(d) if the restrictive practice is chemical restraint—ensure that the matters mentioned in subparagraphs 15FC(1)(b)(i) to (v) and (vb) to (vii) are documented in the behaviour support plan for the care recipient.

15GC Responsibilities relating to nominations of restrictive practices nominees

Preventing coercion and duress

(1) An approved provider must take reasonable steps to ensure that:
  (a) a care recipient to whom the approved provider provides aged care is not subject to coercion or duress in making, varying or revoking a nomination under section 5A; and
  (b) an individual nominated under section 5A (whether as an individual or as a member of a group) is not subject to coercion or duress in agreeing as mentioned in paragraph 5A(2)(b) or (3)(b), or in withdrawing that agreement.

Assisting care recipients

(2) If a care recipient nominates an individual under section 5A (whether as an individual or as a member of a group), the approved provider of the aged care service through which aged care is provided to the care recipient must assist the care recipient to:
  (a) notify the individual of the nomination; and
  (b) give the individual a copy of the nomination; and
  (c) seek the individual's agreement as mentioned in paragraph 5A(2)(b) or (3)(b).

Keeping records

(3) If a care recipient nominates an individual under section 5A (whether as an individual or as a member of a group), the approved provider of the aged care

service through which aged care is provided to the care recipient must keep a record of:

(a) the nomination; and

(b) whether the individual has agreed as mentioned in paragraph 5A(2)(b) or (3)(b); and

(c) if the individual has agreed as mentioned in paragraph 5A(2)(b) or (3)(b)—whether the individual has withdrawn that agreement.

Division 5—Other responsibilities of approved providers relating to behaviour support plans

15H Purpose of this Division

For the purposes of paragraph 54-1(1)(h) of the Act, this Division specifies other responsibilities of an approved provider that provides aged care of a kind specified in section 15DA of this instrument to a care recipient.

15HA Responsibilities relating to behaviour support plans

(1) If:
  (a) an approved provider provides aged care to a care recipient; and
  (b) behaviour support is needed for the care recipient;
the approved provider must ensure that a behaviour support plan for the care recipient is included in the care and services plan for the care recipient.

(2) The approved provider must ensure that the behaviour support plan:
  (a) is prepared, reviewed and revised in accordance with this Division; and
  (b) sets out the matters required by this Division and Divisions 3 and 4.

(3) In preparing the behaviour support plan, the approved provider must take into account any previous assessment relating to the care recipient that is available to the approved provider.

15HB Matters to be set out in behaviour support plans—alternative strategies for addressing behaviours of concern

A behaviour support plan for a care recipient must set out the following matters:
  (a) information about the care recipient that helps the approved provider to understand the care recipient and the care recipient's behaviour (such as information about the care recipient's past experience and background);
  (b) any assessment of the care recipient that is relevant to understanding the care recipient's behaviour;
  (c) information about behaviours of concern for which the care recipient may need support;
  (d) the following information about each occurrence of behaviours of concern for which the care recipient has needed support:
    (i) the date, time and duration of the occurrence;
    (ii) any adverse consequences for the care recipient or other persons;
    (iii) any related incidents;
    (iv) any warning signs for, or triggers or causes of, the occurrence (including trauma, injury, illness or unmet needs such as pain, boredom or loneliness);
  (e) alternative strategies for addressing the behaviours of concern that:

(i) are best practice alternatives to the use of restrictive practices in relation to the care recipient; and

(ii) take into account the care recipient's preferences (including preferences in relation to care delivery) and matters that might be meaningful or of interest to the care recipient; and

(iii) aim to improve the care recipient's quality of life and engagement;

(f) any alternative strategies that have been considered for use, or have been used, in relation to the care recipient;

(g) for any alternative strategy that has been used in relation to the care recipient:

(i) the effectiveness of the strategy in addressing the behaviours of concern; and

(ii) records of the monitoring and evaluation of the strategies;

(h) a description of the approved provider's consultation about the use of alternative strategies in relation to the care recipient with the care recipient or the care recipient's representative.

15HC Matters to be set out in behaviour support plans—if use of restrictive practice assessed as necessary

If the use of a restrictive practice in relation to a care recipient is assessed as necessary as mentioned in section 15FB or 15FC, the behaviour support plan for the care recipient must set out the following matters:

(a) the care recipient's behaviours of concern that are relevant to the need for the use of the restrictive practice;

(b) the restrictive practice and how it is to be used, including its duration, frequency and intended outcome;

(c) the best practice alternative strategies that must be used (to the extent possible) before using the restrictive practice;

(d) how the use of the restrictive practice is to be monitored, including how the monitoring will be escalated if required, taking into account the nature of the restrictive practice and any care needs that arise from the use of the restrictive practice;

(e) how the use of the restrictive practice is to be reviewed, including consideration of the following:

(i) the outcome of its use and whether the intended outcome was achieved;

(ii) whether an alternative strategy could be used to address the care recipient's behaviours of concern;

(iii) whether a less restrictive form of the restrictive practice could be used to address the care recipient's behaviours of concern;

(iv) whether there is an ongoing need for its use;

(v) if the restrictive practice is chemical restraint—whether the medication prescribed for the purpose of using the chemical restraint can or should be reduced or stopped;

(ea) if the care recipient lacks the capacity to give informed consent to the use of the restrictive practice:
  (i) whether subsection 5B(1), or an item of the table in subsection 5B(2), applies for the restrictive practice in relation to the care recipient, and why that subsection or item applies; and
  (ii) the name of that restrictive practices substitute decision-maker for the restrictive practice in relation to the care recipient;

(f) a description of the approved provider's consultation about the use of the restrictive practice with:
  (i) the care recipient; or
  (ii) if the care recipient lacks the capacity to give informed consent to the use of the restrictive practice—the restrictive practices substitute decision-maker for the restrictive practice;

(g) a record of the giving of informed consent to the use of the restrictive practice, and how it is to be used (including its duration, frequency and intended outcome), by:
  (i) the care recipient; or
  (ii) if the care recipient lacks the capacity to give that consent—the restrictive practices substitute decision-maker for the restrictive practice.

Note: Sections 15FB and 15FC also require other matters to be documented in the behaviour support plan.

15HD Matters to be set out in behaviour support plans—if restrictive practice used

If a restrictive practice in relation to a care recipient is used in relation to the care recipient, the behaviour support plan for the care recipient must set out the following matters:

(a) the restrictive practice and how it was used, including the following:
  (i) when it began to be used;
  (ii) the duration of each use;
  (iii) the frequency of its use;
  (iv) the outcome of its use and whether the intended outcome was achieved;
  (v) whether its use was in accordance with the informed consent set out under paragraph 15HC(g);

(b) if, under the plan, the restrictive practice is to be used only on an as-needed basis in response to particular behaviour, or in particular circumstances:
  (i) the care recipient's behaviours of concern that led to the use of the restrictive practice; and
  (ii) the actions (if any) taken leading up to the use of the restrictive practice, including any alternative strategies that were used before the restrictive practice was used;

(c) the details of the persons involved in the use of the restrictive practice;

(d) a description of any engagement with external support services (for example, dementia support specialists) in relation to the use of the restrictive practice;

(e) details of the monitoring of the use of the restrictive practice as required by the plan;

(f) the outcome of the review of the use of the restrictive practice as required by the plan.

Note 1: For paragraphs (e) and (f), see paragraphs 15HC(d) and (e) for the requirements for a behaviour support plan for a care recipient to require monitoring and review of the use of a restrictive practice in relation to the care recipient.

Note 2: If the use of a restrictive practice in relation to a care recipient is necessary in an emergency, other matters must also be documented in the behaviour support plan for the care recipient (see section 15GB).

15HE Matters to be set out in behaviour support plans—if need for ongoing use of restrictive practice indicated

If a review of the use of a restrictive practice in relation to a care recipient (as required by the behaviour support plan for the care recipient) indicates a need for the ongoing use of the restrictive practice, the behaviour support plan for the care recipient must set out the following matters:

(a) the restrictive practice and how it is to be used, including its duration, frequency and intended outcome;

(b) how the ongoing use of the restrictive practice is to be monitored, including how the monitoring will be escalated if required, taking into account the nature of the restrictive practice and any care needs that arise from the use of the restrictive practice;

(c) how the ongoing use of the restrictive practice is to be reviewed, including consideration of the following:

(i) the outcome of the ongoing use of the restrictive practice and whether the intended outcome is being achieved;

(ii) whether an alternative strategy could be used to address the care recipient's behaviours of concern;

(iii) whether a less restrictive form of the restrictive practice could be used to address the care recipient's behaviours of concern;

(iv) whether there continues to be need for the ongoing use of the restrictive practice;

(v) if the restrictive practice is chemical restraint—whether the medication prescribed for the purpose of using the chemical restraint can or should be reduced or stopped;

(d) a description of the approved provider's consultation about the ongoing use of the restrictive practice, and how it is to be used (including its duration, frequency and intended outcome), with:

(i) the care recipient; or

(ii) if the care recipient lacks the capacity to give informed consent to the ongoing use of the restrictive practice—the restrictive practices substitute decision-maker for the restrictive practice;

(e) a record of the giving of informed consent to the ongoing use of the restrictive practice by:
  (i) the care recipient; or
  (ii) if the care recipient lacks capacity to give that consent—the restrictive practices substitute decision-maker for the restrictive practice.

15HF Reviewing and revising behaviour support plans

An approved provider must review a behaviour support plan for a care recipient and make any necessary revisions:
(a) on a regular basis; and
(b) as soon as practicable after any change in the care recipient's circumstances.

15HG Consulting on behaviour support plans

(1) In preparing, reviewing or revising a behaviour support plan for a care recipient, an approved provider must consult the following:
  (a) the care recipient and any other person nominated by the care recipient (unless the care recipient lacks the capacity to be consulted);
  (b) if the care recipient lacks the capacity to be consulted—a person or body who, under the law of the State or Territory in which the care recipient is provided with aged care, can make decisions about that care;
  (c) health practitioners with expertise relevant to the care recipient's behaviours of concern.

(2) If the use of a restrictive practice in relation to the care recipient is assessed as necessary as mentioned in section 15FB or 15FC, the approved provider must also consult the following in preparing, reviewing or revising the behaviour support plan:
  (a) the approved health practitioner who made the assessment;
  (b) if the care recipient lacks the capacity to be consulted—the restrictive practices substitute decision-maker for the restrictive practice.

(3) In consulting under this section, the approved provider must provide the plan or revised plan, and any associated information, in an appropriately accessible format.

Division 6—Giving of informed consent by certain persons and bodies

15J Giving of informed consent by certain persons or bodies

For the purposes of paragraph 54-11(2)(a) of the Act (which refers to the giving of informed consent to the use of a restrictive practice in relation to a care recipient), a person or body that is a restrictive practices substitute decision-maker for the restrictive practice in relation to the care recipient under any of the items of the table in subsection 5B(2) of this instrument is specified.

Part 4B—Incident management and prevention

Division 1—Purpose of this Part

15K Purpose of this Part

(1) For the purposes of subparagraphs 54-1(1)(e)(i) and (ii) of the Act, this Part sets out requirements that relate to an approved provider's responsibility to manage incidents and take reasonable steps to prevent incidents.

(2) This Part applies to incidents that consist of acts, omissions, events or circumstances that:
  (a) occur, are alleged to have occurred, or are suspected of having occurred, in connection with the provision of aged care to a care recipient of the approved provider; and
  (b) either:
    (i) have caused harm to the care recipient or another person; or
    (ii) could reasonably have been expected to have caused harm to a care recipient or another person.

(3) Divisions 2 and 3 of this Part also apply to incidents not covered by subsection (2) that consist of acts, omissions, events or circumstances that:
  (a) the approved provider becomes aware of in connection with the provision of residential care, or flexible care provided in a residential setting, to a care recipient of the approved provider; and
  (b) have caused harm to the care recipient.

Division 2—Requirements for managing and preventing incidents

15L Purpose of this Division

For the purposes of subparagraph 54-1(1)(e)(ii) of the Act, this Division specifies requirements that an approved provider must comply with in managing and preventing incidents.

Note: For incidents to which this Division applies, see subsections 15K(2) and (3).

15LA Requirements for managing incidents

(1) The approved provider's management of incidents must be focused on the safety, health, well-being and quality of life of care recipients of the provider.

(2) The approved provider must respond to an incident by:
  (a) assessing the support and assistance required to ensure the safety, health and well-being of persons affected by the incident; and
  (b) providing that support and assistance to those persons; and
  (c) assessing how to appropriately involve each person affected by the incident, or a representative of the person, in the management and resolution of the incident; and
  (d) involving each person or representative in that way; and
  (e) using an open disclosure process.

(3) The approved provider must assess the incident in relation to the following, taking into account the views of persons affected by the incident:
  (a) whether the incident could have been prevented;
  (b) what, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their harm;
  (c) how well the incident was managed and resolved;
  (d) what, if any, actions could be taken to improve the provider's management and resolution of similar incidents;
  (e) whether other persons or bodies should be notified of the incident.

(4) The approved provider must:
  (a) take any actions determined under paragraph (3)(b); and
  (b) take any actions determined under paragraph (3)(d) that are reasonable in the circumstances; and
  (c) notify the persons and bodies determined under paragraph (3)(e).

Notifying police of incident

(5) If there are reasonable grounds to report the incident to police, the approved provider must notify a police officer of the incident within 24 hours of becoming aware of the incident.

(6) If the approved provider later becomes aware of reasonable grounds to report the incident to police, the provider must notify a police officer of the incident within 24 hours of becoming aware of those grounds.

15LB Requirements for improving management and prevention of incidents

(1) The approved provider must collect data relating to incidents that will enable the provider to continuously improve the provider's management and prevention of incidents, including to enable the provider to:

(a) identify and address systemic issues in the quality of care provided by the provider; and

(b) provide feedback and training to staff members of the provider about managing and preventing incidents.

(2) The approved provider must regularly analyse and review this information to assess:

(a) the effectiveness of the provider's management and prevention of incidents; and

(b) what, if any, actions could be taken to improve the provider's management and prevention of incidents.

(3) The approved provider must take any actions determined under paragraph (2)(b) that are reasonable in the circumstances.

Division 3—Incident management system requirements

15M Purpose of this Division

(1) An approved provider has a responsibility to implement and maintain an incident management system.

Note: This is a responsibility of the approved provider under Chapter 4 of the Act: see section 54-1.

(2) For the purposes of subparagraph 54-1(1)(e)(i) of the Act, the incident management system of the approved provider must comply with the requirements set out in this Division.

15MA Incidents that must be covered

The incident management system of the approved provider must cover all incidents to which this Division applies, including reportable incidents.

Note 1: For incidents to which this Division applies, see subsections 15K(2) and (3).

Note 2: For additional requirements that apply to reportable incidents, see Division 4.

15MB Incident management system procedures

(1) The incident management system of the approved provider must establish procedures to be followed in identifying, managing and resolving incidents, including procedures that specify the following:

(a) how incidents are identified, recorded and reported;

(b) to whom incidents must be reported;

(c) the person who is responsible for notifying reportable incidents to the Quality and Safety Commissioner;

(d) how the provider will provide support and assistance to persons affected by an incident to ensure their safety, health and well-being (including providing information about access to advocates such as independent advocates);

(e) how persons affected by an incident (or representatives of the persons) will be involved in the management and resolution of the incident;

(f) when an investigation by the provider is required to establish:

(i) the causes of a particular incident; or

(ii) the harm caused by the incident; or

(iii) any operational issues that may have contributed to the incident occurring;

and the nature of that investigation;

(g) when remedial action is required and the nature of that action.

(2) The procedures may vary, depending on the seriousness of the incident.

(3) The incident management system must set out procedures for ensuring that the requirements of sections 15LA and 15LB are complied with.

(4) The incident management system must provide that, if the incident is a reportable incident, the incident must also be notified and managed in accordance with Division 4.

15MC Documentation, record keeping and data analysis

(1) The approved provider must:
  (a) document its incident management system procedures; and
  (b) make the documented procedures available, in an accessible form, to the following persons:
    (i) care recipients of the provider;
    (ii) each staff member of the provider;
    (iii) family members, carers, representatives, advocates (including independent advocates) of the care recipients, and any other person significant to those care recipients; and
  (c) assist persons referred to in paragraph (b) to understand how the incident management system operates.

(2) The incident management system of the approved provider must provide for the following details, as a minimum, to be recorded in relation to each incident:
  (a) a description of the incident, including:
    (i) the harm that was caused, or that could reasonably have been expected to have been caused, to each person affected by the incident; and
    (ii) if known—the consequences of that harm;
  (b) whether the incident is a reportable incident;
  (c) if known—the time, date and place at which the incident occurred or was alleged or suspected to have occurred;
  (d) the time and date the incident was identified;
  (e) the names and contact details of the persons directly involved in the incident;
  (f) the names and contact details of any witnesses to the incident;
  (g) details of the assessments undertaken in accordance with subsections 15LA(2) and (3);
  (h) the actions taken in response to the incident, including actions taken under subsections 15LA(2), (4), (5) or (6);
  (i) any consultations undertaken with the persons affected by the incident;
  (j) whether persons affected by the incident have been provided with any reports or findings regarding the incident;
  (k) if an investigation is undertaken by the provider in relation to the incident—the details and outcomes of the investigation;
  (l) the name and contact details of the person making the record of the incident.

(3) A record of an incident for the purposes of subsection (2) must be retained for 7 years after the date the incident was identified.

(4) The incident management system must provide for the collection of data relating to incidents that will enable the approved provider to:

(a) identify occurrences, or alleged or suspected occurrences, of similar incidents; and

(b) comply with section 15LB (about using information to continuously improve the provider's management and prevention of incidents); and

(c) provide information to the Quality and Safety Commissioner, if required or requested to do so by the Commissioner.

(5) This section does not limit paragraph 15MB(1)(a).

15MD Roles, responsibilities, compliance and training of staff members

(1) The incident management system of the approved provider must set out the roles and responsibilities of staff members of the provider in identifying, managing and resolving incidents and in preventing incidents from occurring.

(2) Without limiting subsection (1), the incident management system must provide that each staff member of the approved provider must comply with the incident management system.

(3) The incident management system must include requirements relating to the provision of training to each staff member of the approved provider in the use of, and compliance with, the incident management system.

Division 4—Reportable incidents

15N Purpose of this Division

(1) For the purposes of subsection 54-3(1) of the Act, this Division makes provision for dealing with reportable incidents.

(2) Under subparagraph 54-1(1)(e)(i) of the Act the incident management system of an approved provider must comply with the requirements set out in this Division in relation to reportable incidents.

Note: An approved provider has a responsibility under Chapter 4 of the Act to implement and maintain an incident management system: see section 54-1.

15NA What is a *reportable incident*?

(1) This section is made for the purposes of subsection 54-3(4) of the Act. It defines or clarifies the meaning of expressions used in paragraph 54-3(2)(a), (b), (c), (d), (e), (f) or (h) of the Act.

Note 1: Under subsection 54-3(2) of the Act a ***reportable incident*** is any of the incidents in paragraphs 54-3(2)(a) to (h) of the Act that have occurred, are alleged to have occurred, or are suspected of having occurred, in connection with the provision of aged care to a care recipient of an approved provider. See also subsection 15K(2) of this instrument for incidents to which this Part applies.

Note 2: The use of a restrictive practice in relation to the care recipient (other than in circumstances set out in this instrument) is also a reportable incident: see paragraph 54-3(2)(g) of the Act and Part 4A of this instrument.

Note 3: Subsection 54-3(5) of the Act allows this instrument to provide that specified acts, omissions or events are, or are not, reportable incidents. This instrument can override subsection 54-3(2) of the Act in this regard. See sections 15NAA and 15NB of this instrument which are made for the purpose of subsection 54-3(5) of the Act.

Unreasonable use of force

(2) In paragraph 54-3(2)(a) of the Act, the expression "unreasonable use of force against the care recipient" includes conduct ranging from a deliberate and violent physical attack to use of unwarranted physical force.

(3) To avoid doubt, that expression does not cover gently touching the care recipient:
(a) for the purposes of providing care; or
(b) to attract the care recipient's attention; or
(c) to guide the care recipient; or
(d) to comfort the care recipient when the recipient is distressed.

Unlawful sexual contact, or inappropriate sexual conduct

(4) In paragraph 54-3(2)(b) of the Act, the expression "unlawful sexual contact, or inappropriate sexual conduct, inflicted on the care recipient" includes the following:

(a) if the contact or conduct is inflicted by a person who is a staff member of the approved provider or a person while the person is providing care or services for the provider (such as while volunteering)—the following:
  (i) any conduct or contact of a sexual nature inflicted on the care recipient, including (without limitation) sexual assault, an act of indecency and the sharing of an intimate image of the care recipient;
  (ii) any touching of the care recipient's genital area, anal area or breast in circumstances where this is not necessary to provide care or services to the care recipient;
(b) any non-consensual contact or conduct of a sexual nature, including (without limitation) sexual assault, an act of indecency and the sharing of an intimate image of the care recipient;
(c) engaging in conduct relating to the care recipient with the intention of making it easier to procure the care recipient to engage in sexual contact or conduct.

(5) However, that expression does not include consensual contact or conduct of a sexual nature between the care recipient and a person who is not a staff member of the approved provider, including the following:
  (a) another person who is a care recipient of the provider;
  (b) a person who provides care or services for the provider (such as while volunteering) other than while that person is providing that care or services.

Psychological or emotional abuse

(6) In paragraph 54-3(2)(c) of the Act the expression "psychological or emotional abuse of the care recipient" includes conduct that:
  (a) has caused the care recipient psychological or emotional distress; or
  (b) could reasonably have been expected to have caused a care recipient psychological or emotional distress.

(7) Conduct covered by subsection (6) includes (without limitation) the following:
  (a) taunting, bullying, harassment or intimidation;
  (b) threats of maltreatment;
  (c) humiliation;
  (d) unreasonable refusal to interact with the care recipient or acknowledge the recipient's presence;
  (e) unreasonable restriction of the care recipient's ability to engage socially or otherwise interact with people;
  (f) repetitive conduct or contact which does not constitute unreasonable use of force but the repetition of which:
    (i) has caused the care recipient psychological or emotional distress; or
    (ii) could reasonably have been expected to have caused a care recipient psychological or emotional distress.

Unexpected death

(8) In paragraph 54-3(2)(d) of the Act the expression "unexpected death of the care recipient" includes death in circumstances where:
  (a) the care recipient was provided with residential care, or flexible care provided in a residential setting, and reasonable steps were not taken by the approved provider to prevent the death; or
  (b) the care recipient's death was a result of:
    (i) care or services provided by the approved provider; or
    (ii) a failure of the approved provider to provide care or services.

Stealing or financial coercion

(9) In paragraph 54-3(2)(e) of the Act, the expression "stealing from, or financial coercion of, the care recipient by a *staff member of the provider" includes the following:
  (a) stealing from the care recipient by a staff member of the approved provider;
  (b) conduct by a staff member of the approved provider that:
    (i) is coercive or deceptive in relation to the care recipient's financial affairs; or
    (ii) unreasonably controls the financial affairs of the care recipient.

Neglect

(10) In paragraph 54-3(2)(f) of the Act, the expression "neglect of the care recipient" includes the following:
  (a) a breach of the duty of care owed by the approved provider, or a staff member of the provider, to the care recipient;
  (b) a gross breach of professional standards by a staff member of the approved provider in providing care or services to the care recipient.

Unexplained absence

(11) In paragraph 54-3(2)(h) of the Act the expression "unexplained absence of the care recipient from the residential care services of the provider" means an absence of the care recipient from the residential care services in circumstances where there are reasonable grounds to report the absence to police.

15NAA Additional reportable incident

(1) This section is made for the purposes of paragraph 54-3(5)(a) of the Act.

(2) Despite subsection 54-3(2) of the Act, it is a ***reportable incident*** if:
  (a) a care recipient goes missing in the course of an approved provider providing home care, or flexible care provided in a community setting, to the care recipient; and
  (b) there are reasonable grounds to report that fact to police.

15NB What is not a *reportable incident*?

(1) This section is made for the purposes of paragraph 54-3(5)(b) of the Act. Despite subsection 54-3(2) of the Act, an incident covered by one of the following subsections is not a ***reportable incident***.

(2) Despite paragraph 54-3(2)(g) of the Act, the use of a restrictive practice in relation to a care recipient is not a ***reportable incident*** if:

(a) the use of the restrictive practice is in a transition care program in a residential care setting; and

(b) the use is in accordance with Part 4A of this instrument (assuming that that Part applied to the care recipient in relation to that care).

(2A) Despite paragraph 54-3(2)(g) of the Act, the use of a restrictive practice in relation to a care recipient is not a ***reportable incident*** if:

(a) the restrictive practice is used in the course of providing home care or flexible care in a community setting; and

(b) before the restrictive practice is used, the following matters were set out in the care and services plan for the care recipient:

(i) the circumstances in which the restrictive practice may be used in relation to the recipient, including the recipient's behaviours of concern that are relevant to the need for the use;

(ii) the manner in which the restrictive practice is to be used, including its duration, frequency and intended outcome; and

(c) the restrictive practice is used:

(i) in the circumstances set out in the plan; and

(ii) in the manner set out in the plan; and

(iii) in accordance with any other provisions of the plan that relate to the use; and

(d) details about the use of the restrictive practice are documented as soon as practicable after the restrictive practice is used.

(3) Despite subsection 54-3(2) of the Act, an incident is not a ***reportable incident*** if the incident results from the residential care recipient deciding to refuse to receive care or services offered by the approved provider.

(4) Despite subsection 54-3(2) of the Act, an incident is not a ***reportable incident*** if:

(a) the incident occurred, is alleged to have occurred, or is suspected of having occurred, in connection with the provision of home care, or flexible care provided in a community setting, to a care recipient by an approved provider; and

(b) apart from this subsection, the incident would be a reportable incident under paragraph 54-3(2)(f) of the Act (which deals with neglect of care recipients), but would not otherwise be a reportable incident; and

(c) the incident results from a choice made by the care recipient about the care or services the approved provider is to provide to the care recipient, or how the care or services are to be provided by the approved provider; and

(d) before the incident occurred, is alleged to have occurred, or is suspected of having occurred, the choice had been communicated by the care recipient to the approved provider, and the approved provider had recorded the choice in writing.

15NC Approved provider must notify reportable incidents in accordance with this Division

An approved provider must take all reasonable steps to ensure that reportable incidents are notified to the Quality and Safety Commissioner in accordance with this Division.

15ND Approved provider must ensure that staff members notify reportable incidents

An approved provider must ensure that a staff member of the provider who becomes aware of a reportable incident notifies one of the following of that fact as soon as possible:

(a) one of the provider's key personnel;

(b) a supervisor or manager of the staff member;

(c) the person specified for the purposes of paragraph 15MB(1)(c) for the provider.

15NE Priority 1 notice must be given within 24 hours

(1) If:

(a) an approved provider becomes aware of a reportable incident; and

(b) the provider has reasonable grounds to believe that the incident is a priority 1 reportable incident;

the provider must give the Quality and Safety Commissioner a notice (a ***priority 1 notice***) in accordance with subsection (3) within 24 hours of becoming aware of the reportable incident.

Note: Notice about certain reportable incidents is not required to be given: see section 15NG.

(2) A ***priority 1 reportable incident*** is a reportable incident:

(a) that has caused, or could reasonably have been expected to have caused, a care recipient physical or psychological injury or discomfort that requires medical or psychological treatment to resolve; or

(b) where there are reasonable grounds to report the incident to police; or

(ba) of the kind covered by paragraph 54-3(2)(b) of the Act (about unlawful sexual contact or inappropriate sexual conduct inflicted on a care recipient); or

(c) of the kind covered by paragraph 54-3(2)(d) or (h) of the Act (about unexpected death or unexplained absence); or

(d) of the kind covered by subsection 15NAA(2) of this instrument (about a care recipient going missing in the course of the provision of home care, or flexible care provided in a community setting).

Information to be included in notice

(3) Subject to subsection (4), the priority 1 notice must include the following information about the reportable incident:
  (a) the name and contact details of the approved provider;
  (b) a description of the reportable incident including:
    (i) the kind of reportable incident; and
    (ii) the harm that was caused, or that could reasonably have been expected to have been caused, to each person affected by the incident; and
    (iii) if known—the consequences of that harm;
  (c) the immediate actions taken in response to the reportable incident, including:
    (i) actions taken to ensure the safety, health and well-being of the care recipients affected by the incident; and
    (ii) whether the incident has been reported to police or any other body;
  (d) any further actions proposed to be taken in response to the reportable incident;
  (e) the name, position and contact details of the person giving the notice;
  (f) if known—the time, date and place at which the reportable incident occurred or was alleged or suspected to have occurred;
  (g) the names of the persons directly involved in the reportable incident;
  (h) if known—the level of cognition of the care recipients directly involved in the reportable incident.

(4) The approved provider is not required to include information in the priority 1 notice if that information is not available within the 24 hours.

Additional information

(5) The approved provider must give the Quality and Safety Commissioner a notice including the following information about the reportable incident within 5 days after the start of the 24 hours, or within such other period as the Commissioner determines under subsection 95C(1) of the Quality and Safety Commission Rules:
  (a) any information required by subsection (3) not provided in the priority 1 notice;
  (b) any further information specified by the Commissioner under subsection 95C(1) of the Quality and Safety Commission Rules.

(6) However, the approved provider is not required to give a notice under subsection (5) if the Commissioner decides otherwise under subsection 95C(1) of the Quality and Safety Commission Rules.

Form of notices

(7) A notice given under this section must:
  (a) be in writing; and

(b) be in the approved form.

Note: The Quality and Safety Commissioner must approve forms for the purposes of this Division: see section 95F of the Quality and Safety Commission Rules.

15NF Priority 2 notice must be given within 30 days

(1) If:

(a) an approved provider becomes aware of a reportable incident; and

(b) the provider has not given a notice under section 15NE about the incident;

the provider must give the Quality and Safety Commissioner a notice (a ***priority 2 notice***) in accordance with subsection (2) within 30 days of becoming aware of the incident.

Note: Notice about certain reportable incidents is not required to be given: see section 15NG.

(2) The priority 2 notice must include the following information about the reportable incident:

(a) the name and contact details of the approved provider;

(b) a description of the reportable incident including:

(i) the kind of reportable incident; and

(ii) the harm that was caused, or that could reasonably have been expected to have been caused, to each person affected by the incident; and

(iii) if known—the consequences of that harm;

(c) the actions taken in response to the reportable incident, including:

(i) actions taken to ensure the safety, health and well-being of the care recipients affected by the incident; and

(ii) whether the incident has been reported to police or any other body;

(d) any further actions proposed to be taken in response to the reportable incident;

(e) the name, position and contact details of the person giving the notice;

(f) if known—the time, date and place at which the reportable incident occurred or was alleged or suspected to have occurred;

(g) the names of the persons directly involved in the reportable incident;

(h) if known—the level of cognition of the care recipients directly involved in the reportable incident.

Additional information

(3) If under subsection 95C(2) of the Quality and Safety Commission Rules the Quality and Safety Commissioner requires the approved provider to give a notice including specified further information about the reportable incident within a specified period, the provider must give the Commissioner a notice including that information with the specified period.

Form of notices

(4) A notice given under this section must:

(a) be in writing; and
(b) be in the approved form.

Note: The Quality and Safety Commissioner must approve forms for the purposes of this Division: see section 95F of the Quality and Safety Commission Rules.

Application

(5) This section applies to an incident that an approved provider becomes aware of on or after 1 October 2021.

15NG Reporting not required in certain circumstances

Despite sections 15NE and 15NF, an approved provider is not required to give a notice to the Quality and Safety Commissioner about a reportable incident under those sections if the Commissioner has decided that the provider is not required to do so under section 95D of the Quality and Safety Commission Rules.

15NH Significant new information must be notified

(1) An approved provider must notify the Quality and Safety Commissioner of significant new information relating to a reportable incident as soon as reasonably practicable after becoming aware of the information if:
(a) the provider notifies the Commissioner of the reportable incident under section 15NE or 15NF; and
(b) the provider later becomes aware of the significant new information.

(2) The notification must:
(a) be in writing; and
(b) be in the approved form.

Note: The Quality and Safety Commissioner must approve forms for the purposes of this Division: see section 95F of the Quality and Safety Commission Rules.

15NI Final report about reportable incident must be given if required

(1) If required by the Quality and Safety Commissioner under subsection 95E(1) of the Quality and Safety Commission Rules, an approved provider must give the Commissioner a final report about a reportable incident.

(2) The final report must be given:
(a) within 84 days of the day a notice about the incident was first given to the Quality and Safety Commissioner under section 15NE or 15NF; or
(b) within such other period as is specified by the Commissioner under subsection 95E(2) of the Quality and Safety Commission Rules.

(3) The final report must:
(a) be in writing; and
(b) be in the approved form; and
(c) contain the information specified by the Quality and Safety Commissioner under subsection 95E(1) of the Quality and Safety Commission Rules.

Note: The Quality and Safety Commissioner must approve forms for the purposes of this Division: see section 95F of the Quality and Safety Commission Rules.

Part 4C—Responsibility relating to registered nurses

Division 1—Preliminary

15P Purpose of this Part

For the purposes of subsection 54-1A(3) of the Act, this Part provides for:

(a) the circumstances in which an exemption from section 54-1A of the Act may be granted to an approved provider in relation to a residential facility; and

(b) the period for which an exemption may be in force; and

(c) the conditions that apply to an exemption; and

(d) the revocation of an exemption.

Note: Section 54-1A of the Act imposes a requirement on certain approved providers, on and after 1 July 2023, to ensure that at least one registered nurse is on site, and on duty, at all times at a residential facility.

Division 2—Process for granting exemptions

15Q Application for exemption

(1) An approved provider may apply to the Secretary for an exemption from section 54-1A of the Act in relation to a residential facility at which the provider provides residential care.

(2) The application must:
  (a) be in a form approved, in writing, by the Secretary; and
  (b) include the following information:
    (i) the name of the approved provider;
    (ii) the name of the residential care service or services through which the provider provides residential care at the facility;
    (iii) the name and street address of the facility;
    (iv) any other information required by the approved form; and
  (c) be accompanied by any documents required by the approved form.

15R Secretary may request further information or documents

(1) If the Secretary receives an application under section 15Q from an approved provider, the Secretary may, by notice in writing given to the provider, request further information or documents specified in the notice for the purposes of considering the application.

(2) If the approved provider does not provide the requested information or documents within 14 days after the day when the notice is given, or within such longer period specified in the notice, the application is taken to have been withdrawn. The notice must contain a statement setting out the effect of this subsection.

15S Decision whether to grant exemption

Criteria for grant of exemption

(1) If the Secretary receives an application under section 15Q from an approved provider for an exemption from section 54-1A of the Act in relation to a residential facility, the Secretary may grant the exemption only if:
  (a) the facility is located in an MM 5 area, MM 6 area or MM7 area; and
  (b) there are no more than 30 operational places in the facility on the day of the Secretary's decision; and
  (c) the Secretary is satisfied that the provider has taken reasonable steps to ensure that the clinical care needs of the care recipients in the facility will be met during the period for which the exemption is in force.

(2) In deciding whether to grant the exemption, the Secretary must have regard to:

(a) any sanction imposed on the approved provider under section 63N of the Quality and Safety Commission Act; and

(b) any notice given to the approved provider under section 63S, 63T, 63U or 74EE of that Act; and

(c) any information given to the Secretary by the Quality and Safety Commissioner in accordance with section 56 of that Act that is relevant to assessing whether the provider has taken the reasonable steps mentioned in paragraph (1)(c) of this section.

(3) The Secretary may grant an exemption to an approved provider in relation to a residential facility for which the approved provider has previously been granted an exemption.

Period of exemption

(4) If the Secretary decides to grant an exemption, the Secretary must decide the period for which the exemption is to be in force.

Note: The responsibility in section 54-1A of the Act commences on 1 July 2023.

(5) The period:

(a) must not be longer than 12 months; and

(b) must not begin before the day on which the Secretary grants the exemption.

Conditions that apply to exemption

(6) The following conditions apply to an exemption:

(a) the approved provider must give the Secretary notice in writing of any material change to the information given to the Secretary:

(i) in the application for the exemption; or

(ii) in response to a request by the Secretary under subsection 15R(1);

(b) any additional conditions that the Secretary decides to impose on the exemption.

15T Notice of decision

(1) If the Secretary grants an exemption from section 54-1A of the Act to an approved provider in relation to a residential facility, the Secretary must give the provider notice in writing of the decision that:

(a) states the period for which the exemption is in force; and

(b) states the conditions that apply to the exemption.

(2) If the Secretary refuses to grant an exemption from section 54-1A of the Act to an approved provider in relation to a residential facility, the Secretary must give the provider notice in writing of the decision, including:

(a) the date of the decision; and

(b) a statement of the approved provider's right to review of the decision.

Note: Section 15U of this instrument provides that this is a reviewable decision. Section 85-3 of the Act requires the notice of a reviewable decision to include reasons for the decision.

15U Reviewable decision—refusal to grant exemption

(1) A decision under section 15S of this instrument to refuse to grant an exemption from section 54-1A of the Act to an approved provider in relation to a residential facility is a reviewable decision under section 85-1 of the Act.

(2) Part 6.1 of the Act applies to a reviewable decision mentioned in subsection (1) as if a reference in that Part to this Act included a reference to this instrument.

Division 3—Revocation of exemptions

15V Revocation on request

(1) The Secretary must revoke an approved provider's exemption from section 54-1A of the Act in relation to a residential facility if the approved provider requests the revocation in writing.

(2) The Secretary must give the approved provider notice in writing of the date that the exemption ceases to have effect, which may be the date of the notice or a later date.

15W Revocation on other grounds

Grounds for revocation

(1) The Secretary may revoke an approved provider's exemption from section 54-1A of the Act in relation to a residential facility if:
  (a) the Secretary is satisfied the approved provider has breached a condition of the exemption; or
  (b) the Secretary is not satisfied that the clinical care needs of the care recipients in the facility:
    (i) are being met; or
    (ii) will be met during the period the exemption would otherwise be in force; or
  (c) the Quality and Safety Commissioner imposes sanctions on the approved provider under section 63N of the Quality and Safety Commission Act; or
  (d) the Secretary becomes aware there are more than 30 operational places in the residential facility.

Submissions by approved provider

(2) Before the Secretary decides to revoke the exemption, the Secretary must give the approved provider notice in writing that the Secretary is considering revoking the exemption.

(3) The notice must:
  (a) set out the reasons why the Secretary is considering revoking the exemption; and
  (b) invite the provider to make submissions, in writing, to the Secretary in relation to the matter within:
    (i) 14 days after receiving the notice; or
    (ii) if a shorter period is specified in the notice—that shorter period.

(4) The Secretary must consider any submissions made by the approved provider in accordance with the notice.

Notice of decision to revoke

(5) If the Secretary decides to revoke the exemption, the Secretary must give the approved provider notice in writing of the decision, including:
  (a) the date that the exemption ceases to have effect, which may be the date of the decision or a later date; and
  (b) a statement of the approved provider's right to review of the decision.

Note: Subsection (6) of this section provides that this is a reviewable decision. Section 85-3 of the Act requires the notice of a reviewable decision to include reasons for the decision.

Reviewable decision—revocation of exemption

(6) A decision under this section to revoke an approved provider's exemption from section 54-1A of the Act in relation to a residential facility is a reviewable decision under section 85-1 of the Act.

(7) Part 6.1 of the Act applies to a reviewable decision mentioned in subsection (6) as if a reference in that Part to this Act included a reference to this instrument.

Part 5—Aged Care Quality Standards

16 Purpose of this Part

For the purposes of section 54-2 of the Act, this Part provides for Aged Care Quality Standards. Aged Care Quality Standards are standards for quality of care and quality of life for the provision of aged care.

17 Aged Care Quality Standards

(1) Schedule 2 sets out the Aged Care Quality Standards.

(2) Each standard deals with a particular matter, and consists of the following:
  (a) a consumer outcome for the matter;
  (b) an organisation statement for the matter;
  (c) requirements for the matter.

18 Application of Aged Care Quality Standards

(1) The Aged Care Quality Standards apply to the following:
  (a) residential care;
  (b) home care;
  (c) flexible care in the form of short-term restorative care;
  (d) flexible care in the form of transition care.

(2) The Aged Care Quality Standards apply equally for the benefit of each care recipient being provided with care mentioned in subsection (1) through an aged care service, irrespective of the care recipient's financial status, applicable fees and charges, amount of subsidy payable, agreements entered into, or any other matter.

Part 6—Application, saving and transitional provisions

Division 1—Amendments made by the Aged Care Legislation Amendment (Reportable Incidents) Instrument 2022

19 Application—certain priority 1 reportable incidents

Paragraph 15NE(2)(ba), as inserted by the *Aged Care Legislation Amendment (Reportable Incidents) Instrument 2022*, applies in relation to an incident that occurs, is alleged to have occurred or is suspected of having occurred on or after 3 October 2022.

20 Application—certain incidents in a residential care setting

Subsections 15NA(8) and 15NB(2), as amended by the *Aged Care Legislation Amendment (Incident Management and Reporting) Instrument 2022*, apply in relation to an incident that occurs, is alleged to have occurred or is suspected of having occurred before, on or after 1 December 2022.

21 Application—certain incidents in a home care setting

Section 15NAA, subsection 15NB(4) and paragraph 15NE(2)(d), as inserted by the *Aged Care Legislation Amendment (Incident Management and Reporting) Instrument 2022*, apply in relation to an incident that occurs, is alleged to have occurred or is suspected of having occurred on or after 1 December 2022.

Schedule 1—Care and services for residential care services

Note 1: See section 7.

Note 2: The care and services specified in this Schedule must be provided in a way that complies with the Aged Care Quality Standards set out in Schedule 2 (see subsection 7(3)).

Part 1—Hotel services—to be provided for all care recipients who need them

1 Hotel services—for all care recipients who need them

The following table specifies the hotel services that must be provided for all care recipients who need them.

Hotel services—to be provided for all care recipients who need them

Item	Column 1 Service	Column 2 Content
1.1	Administration	General operation of the residential care service, including documentation relating to care recipients.
1.2	Maintenance of buildings and grounds	Adequately maintained buildings and grounds.
1.3	Accommodation	Utilities such as electricity and water.
1.4	Furnishings	Bedside lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), wardrobe space and towel rails. Excludes furnishings a care recipient chooses to provide.
1.5	Bedding	Beds and mattresses, bed linen, blankets, and absorbent or waterproof sheeting.
1.6	Cleaning services, goods and facilities	Cleanliness and tidiness of the entire residential care service. Excludes a care recipient's personal area if the care recipient chooses and is able to maintain this himself or herself.
1.7	Waste disposal	Safe disposal of organic and inorganic waste material.
1.8	General laundry	Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed. Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a care recipient chooses and is able to do this himself or herself.
1.9	Toiletry goods	Bath towels, face washers, soap, toilet paper, tissues, toothpaste, toothbrushes, denture cleaning preparations, mouthwashes, moisturiser, shampoo, conditioner, shaving cream, disposable

Clause 1

Hotel services—to be provided for all care recipients who need them

Item	Column 1 Service	Column 2 Content
		razors and deodorant.
1.10	Meals and refreshments	(a) Meals of adequate variety, quality and quantity for each care recipient, served each day at times generally acceptable to both care recipients and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper; (b) Special dietary requirements, having regard to either medical need or religious or cultural observance; (c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice.
1.11	Care recipient social activities	Programs to encourage care recipients to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service.
1.12	Emergency assistance	At least one responsible person is continuously on call and in reasonable proximity to render emergency assistance.

Part 2—Care and services—to be provided for all care recipients who need them

2 Care and services—for all care recipients who need them

The following table specifies the care and services that must be provided for all care recipients who need them.

Care and services——to be provided for all care recipients who need them

Item	Column 1 Care or service	Column 2 Content
2.1	Daily living activities assistance	Personal assistance, including individual attention, individual supervision, and physical assistance, with the following: (a) bathing, showering, personal hygiene and grooming; (b) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management; (c) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary); (d) dressing, undressing, and using dressing aids; (e) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, including the fitting of artificial limbs and other personal mobility aids; (f) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles. Excludes hairdressing.
2.2	Meals and refreshments	Special diet not normally provided.
2.3	Emotional support	Emotional support to, and supervision of, care recipients.
2.4	Treatments and procedures	Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a care recipient's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law. Includes bandages, dressings, swabs and saline.
2.5	Recreational therapy	Recreational activities suited to care recipients, participation in the activities, and communal recreational equipment.
2.6	Rehabilitation support	Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a care recipient's ability to perform daily tasks for himself or herself, or assisting care recipients to obtain access to such programs.

Clause 2

Care and services——to be provided for all care recipients who need them		
Item	**Column 1** **Care or service**	**Column 2** **Content**
2.7	Assistance in obtaining health practitioner services	Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients, or are made direct with a health practitioner.
2.8	Assistance in obtaining access to specialised therapy services	Making arrangements for speech therapists, podiatrists, occupational or physiotherapy practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients.
2.9	Support for care recipients with cognitive impairment	Individual attention and support to care recipients with cognitive impairment (for example, dementia and behavioural disorders), including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such care recipients and ongoing support (including specific encouragement) to motivate or enable such care recipients to take part in general activities of the residential care service.

Part 3—Other care and services—to be provided for all care recipients who need them

3 Other care and services—to be provided for all care recipients who need them

The following table specifies the other care and services that must be provided for all care recipients who need them.

Other care and services—to be provided for all care recipients who need them

Item	Column 1 Care or service	Column 2 Content
3.1	Furnishings	Over-bed tables.
3.2	Bedding materials	Bed rails, incontinence sheets, ripple mattresses, sheepskins, tri-pillows, and water and air mattresses appropriate to each care recipient's condition.
3.4	Goods to assist care recipients to move themselves	Crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs. Excludes motorised wheelchairs and custom made aids.
3.5	Goods to assist staff to move care recipients	Mechanical devices for lifting care recipients, stretchers, and trolleys.
3.6	Goods to assist with toileting and incontinence management	Absorbent aids, commode chairs, disposable bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs and urodomes, catheter and urinary drainage appliances, and disposable enemas.
3.8	Nursing services	Initial assessment and care planning carried out by a nurse practitioner or registered nurse, and ongoing management and evaluation carried out by a nurse practitioner, registered nurse or enrolled nurse acting within their scope of practice. Nursing services carried out by a nurse practitioner, registered nurse or enrolled nurse, or other professional appropriate to the service (for example, medical practitioner, stoma therapist, speech pathologist, physiotherapist or qualified practitioner from a palliative care team), acting within their scope of practice. Services may include, but are not limited to, the following: (a) establishment and supervision of a complex pain management or palliative care program, including monitoring and managing any side effects; (b) insertion, care and maintenance of tubes, including intravenous and naso-gastric tubes; (c) establishing and reviewing a catheter care program, including the insertion, removal and replacement of catheters; (d) establishing and reviewing a stoma care program; (e) complex wound management;

Clause 3

Other care and services—to be provided for all care recipients who need them		
Item	**Column 1** **Care or service**	**Column 2** **Content**
		(f) insertion of suppositories; (g) risk management procedures relating to acute or chronic infectious conditions; (h) special feeding for care recipients with dysphagia (difficulty with swallowing); (i) suctioning of airways; (j) tracheostomy care; (k) enema administration; (l) oxygen therapy requiring ongoing supervision because of a care recipient's variable need; (m) dialysis treatment.
3.11	Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services	(a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain care recipients' levels of independence in activities of daily living; (b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow care recipients to reach a level of independence at which maintenance therapy will meet their needs. Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma.

Schedule 2—Aged Care Quality Standards

Note: See section 17.

1 Standard 1—consumer dignity and choice

Consumer outcome

(1) I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

Organisation statement

(2) The organisation:
- (a) has a culture of inclusion and respect for consumers; and
- (b) supports consumers to exercise choice and independence; and
- (c) respects consumers' privacy.

Requirements

(3) The organisation demonstrates the following:
- (a) each consumer is treated with dignity and respect, with their identity, culture and diversity valued;
- (b) care and services are culturally safe;
- (c) each consumer is supported to exercise choice and independence, including to:
  - (i) make decisions about their own care and the way care and services are delivered; and
  - (ii) make decisions about when family, friends, carers or others should be involved in their care; and
  - (iii) communicate their decisions; and
  - (iv) make connections with others and maintain relationships of choice, including intimate relationships;
- (d) each consumer is supported to take risks to enable them to live the best life they can;
- (e) information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice;
- (f) each consumer's privacy is respected and personal information is kept confidential.

2 Standard 2—ongoing assessment and planning with consumers

Consumer outcome

(1) I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

Organisation statement

(2) The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.

Requirements

(3) The organisation demonstrates the following:
  (a) assessment and planning, including consideration of risks to the consumer's health and well-being, informs the delivery of safe and effective care and services;
  (b) assessment and planning identifies and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes;
  (c) assessment and planning:
    (i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer's care and services; and
    (ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer;
  (d) the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided;
  (e) care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

3 Standard 3—personal care and clinical care

Consumer outcome

(1) I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

Organisation statement

(2) The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.

Requirements

(3) The organisation demonstrates the following:
  (a) each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
    (i) is best practice; and
    (ii) is tailored to their needs; and

(iii) optimises their health and well-being;

(b) effective management of high-impact or high-prevalence risks associated with the care of each consumer;

(c) the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved;

(d) deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner;

(e) information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared;

(f) timely and appropriate referrals to individuals, other organisations and providers of other care and services;

(g) minimisation of infection-related risks through implementing:

(i) standard and transmission-based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

4 Standard 4—services and supports for daily living

Consumer outcome

(1) I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement

(2) The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Requirements

(3) The organisation demonstrates the following:

(a) each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life;

(b) services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being;

(c) services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation's service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them;

(d) information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared;
(e) timely and appropriate referrals to individuals, other organisations and providers of other care and services;
(f) where meals are provided, they are varied and of suitable quality and quantity;
(g) where equipment is provided, it is safe, suitable, clean and well maintained.

Meaning of services and supports for daily living

(4) ***Services and supports for daily living*** include, but are not limited to, food services, domestic assistance, home maintenance, transport and recreational and social activities.

5 Standard 5—organisation's service environment

Consumer outcome

(1) I feel I belong and I am safe and comfortable in the organisation's service environment.

Organisation statement

(2) The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.

Requirements

(3) The organisation demonstrates the following:
(a) the service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function;
(b) the service environment:
(i) is safe, clean, well maintained and comfortable; and
(ii) enables consumers to move freely, both indoors and outdoors;
(c) furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Meaning of service environment

(4) An organisation's ***service environment*** means the physical environment through which care and services are delivered, but does not include an individual's privately owned or occupied home at which in-home services are provided.

6 Standard 6—feedback and complaints

Consumer outcome

(1) I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

Organisation statement

(2) The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

Requirements

(3) The organisation demonstrates the following:
- (a) consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints;
- (b) consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints;
- (c) appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong;
- (d) feedback and complaints are reviewed and used to improve the quality of care and services.

7 Standard 7—human resources

Consumer outcome

(1) I get quality care and services when I need them from people who are knowledgeable, capable and caring.

Organisation statement

(2) The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Requirements

(3) The organisation demonstrates the following:
- (a) the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services;
- (b) workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity;
- (c) the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles;
- (d) the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards;

(e) regular assessment, monitoring and review of the performance of each member of the workforce.

8 Standard 8—organisational governance

Consumer outcome

(1) I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement

(2) The organisation's governing body is accountable for the delivery of safe and quality care and services.

Requirements

(3) The organisation demonstrates the following:
- (a) consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement;
- (b) the organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery;
- (c) effective organisation wide governance systems relating to the following:
  - (i) information management;
  - (ii) continuous improvement;
  - (iii) financial governance;
  - (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;
  - (v) regulatory compliance;
  - (vi) feedback and complaints;
- (d) effective risk management systems and practices, including but not limited to the following:
  - (i) managing high impact or high prevalence risks associated with the care of consumers;
  - (ii) identifying and responding to abuse and neglect of consumers;
  - (iii) supporting consumers to live the best life they can;
  - (iv) managing and preventing incidents, including the use of an incident management system;
- (e) where clinical care is provided—a clinical governance framework, including but not limited to the following:
  - (i) antimicrobial stewardship;
  - (ii) minimising the use of restrictive practices;
  - (iii) open disclosure.

Schedule 3—Care and services for home care services

Note 1: See section 13.

Note 2: The care and services specified in this Schedule must be provided in a way that complies with the Aged Care Quality Standards set out in Schedule 2 (see subsection 13(5)).

Part 1—Care and services

1 Care services that may be provided

The following table specifies the care services that an approved provider of a home care service may provide.

Care services

Item	Column 1 Service	Column 2 Content
1	Personal services	Personal assistance, including individual attention, individual supervision and physical assistance, with: (a) bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids; and (b) toileting; and (c) dressing and undressing; and (d) mobility; and (e) transfer (including in and out of bed).
2	Activities of daily living	Personal assistance, including individual attention, individual supervision and physical assistance, with communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone.
3	Nutrition, hydration, meal preparation and diet	Includes: (a) assistance with preparing meals; and (b) assistance with special diet for health, religious, cultural or other reasons; and (c) assistance with using eating utensils and eating aids and assistance with actual feeding, if necessary; and (d) providing enteral feeding formula and equipment.
4	Management of skin integrity	Includes providing bandages, dressings, and skin emollients.
5	Continence management	Includes: (a) assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas; and

Clause 1A

Care services		
Item	**Column 1 Service**	**Column 2 Content**
		(b) assistance in using continence aids and appliances and managing continence.
6	Mobility and dexterity	Includes: (a) providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs; and (b) providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses; and (c) assistance in using the above aids.

1A Support services that must be provided

The following table specifies the support services that an approved provider of a home care service must provide.

Support services		
Item	**Column 1 Service**	**Column 2 Content**
1	Care management	Ongoing assessment and planning to ensure that the care recipient receives the care and services they need: (a) that is undertaken on at least a monthly basis; and (b) that includes the following: (i) regularly assessing the care recipient's needs, goals and preferences; (ii) reviewing the care recipient's home care agreement and care and services plan; (iii) ensuring the care recipient's care and services are aligned with other supports; (iv) partnering with the care recipient and the care recipient's representatives about the care recipient's care and services; (v) ensuring that the care recipient's care and services are culturally safe; (vi) identifying and addressing risks to the care recipient's safety, health and wellbeing.

2 Support services that may be provided

The following table specifies the support services that an approved provider of a home care service may provide.

Support services		
Item	**Column 1 Service**	**Column 2 Content**
1	Support services	Includes:

Support services		
Item	**Column 1** **Service**	**Column 2** **Content**
		(a) cleaning; and (b) personal laundry services, including laundering of care recipient's clothing and bedding that can be machine-washed, and ironing; and (c) arranging for dry-cleaning of care recipient's clothing and bedding that cannot be machine-washed; and (d) gardening; and (e) medication management; and (f) rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need; and (g) emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the care recipient and carer, if appropriate; and (h) support for care recipients with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support; and (i) providing 24-hour on-call access to emergency assistance including access to an emergency call system if the care recipient is assessed as requiring it; and (j) transport and personal assistance to help the care recipient shop, visit health practitioners or attend social activities; and (k) respite care; and (l) home maintenance, reasonably required to maintain the home and garden in a condition of functional safety and provide an adequate level of security; and (m) modifications to the home, such as easy access taps, shower hose or bath rails; and (n) assisting the care recipient, and the homeowner if the home owner is not the care recipient, to access technical advice on major home modifications; and (o) advising the care recipient on areas of concern in their home that pose safety risks and ways to mitigate the risks; and (p) arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home services; and (q) assistance to access support services to maintain personal affairs.
2	Leisure, interests and activities	Includes encouragement to take part in social and community activities that promote and protect the care recipient's lifestyle, interests and wellbeing.

Clause 3

3 Clinical services that may be provided

The following table specifies the clinical services that an approved provider of a home care service may provide.

Clinical services

Item	Column 1 Service	Column 2 Content
1	Clinical care	Includes: (a) nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services; and (b) other clinical services such as hearing and vision services.
2	Access to other health and related services	Includes referral to health practitioners or other related service providers.

Part 2—Excluded items

4 Items that must not be included in package of care and services

The following table specifies the items that must not be included in the package of care and services provided under section 13.

Excluded items

Item	Column 1	Column 2
1	Excluded items	The following items must not be included in the package of care and services provided under section 13: (a) use of the package funds as a source of general income for the care recipient; (b) purchase of food, except as part of enteral feeding requirements; (c) payment for permanent accommodation, including assistance with home purchase, mortgage payments or rent; (d) payment of home care fees; (e) payment of fees or charges for other types of care funded or jointly funded by the Australian Government; (f) home modifications or capital items that are not related to the care recipient's care needs; (g) travel and accommodation for holidays; (h) cost of entertainment activities, such as club memberships and tickets to sporting events; (i) gambling activities; (j) payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme.

Schedule 5—Care and services for short-term restorative care

Note 1: See sections 15B and 15C.

Note 2: The care and services specified in this Schedule must be provided in a way that complies with the Aged Care Quality Standards set out in Schedule 2 (see sections 15E and 15F).

Part 1—Care and services that may be provided in a residential care setting

Division 1—Hotel services—to be provided for all care recipients who need them

1 Hotel services—for all care recipients who need them

The following table specifies the hotel services that an approved provider of short-term restorative care must provide for all care recipients who need them, if the short-term restorative care is provided in a residential care setting.

Hotel services—to be provided for all care recipients who need them

Item	Column 1 Service	Column 2 Content
1.1	Administration	General operation of the flexible care service, including documentation relating to care recipients.
1.2	Maintenance of buildings and grounds	Adequately maintained buildings and grounds.
1.3	Accommodation	Utilities such as electricity and water.
1.4	Furnishings	Bedside lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), wardrobe space and towel rails. Excludes furnishings a care recipient chooses to provide.
1.5	Bedding	Beds and mattresses, bed linen, blankets, and absorbent or waterproof sheeting.
1.6	Cleaning services, goods and facilities	Cleanliness and tidiness of the entire flexible care service. Excludes a care recipient's personal area if the care recipient chooses and is able to maintain this himself or herself.
1.7	Waste disposal	Safe disposal of organic and inorganic waste material.
1.8	General laundry	Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed. Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a care recipient

Hotel services—to be provided for all care recipients who need them		
Item	**Column 1** **Service**	**Column 2** **Content**
		chooses and is able to do this himself or herself.
1.9	Toiletry goods	Bath towels, face washers, soap, toilet paper, tissues, toothpaste, toothbrushes, denture cleaning preparations, mouthwashes, moisturiser, shampoo, conditioner, shaving cream, disposable razors and deodorant.
1.10	Meals and refreshments	(a) Meals of adequate variety, quality and quantity for each care recipient, served each day at times generally acceptable to both care recipients and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper; (b) Special dietary requirements, having regard to either medical need or religious or cultural observance; (c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice.
1.11	Care recipient social activities	Programs to encourage care recipients to take part in social activities that promote and protect their dignity, and to take part in community life outside the flexible care service.
1.12	Emergency assistance	At least one responsible person is continuously on call and in reasonable proximity to render emergency assistance.

Division 2—Care and services—to be provided for all care recipients who need them

2 Care and services—for all care recipients who need them

The following table specifies the care and services that an approved provider of short-term restorative care must provide for all care recipients who need them, if the short-term restorative care is provided in a residential care setting.

Care and services——to be provided for all care recipients who need them		
Item	**Column 1** **Care or service**	**Column 2** **Content**
2.1	Daily living activities assistance	Personal assistance, including individual attention, individual supervision, and physical assistance, with the following: (a) bathing, showering, personal hygiene and grooming; (b) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management; (c) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary); (d) dressing, undressing, and using dressing aids; (e) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, including the fitting of artificial limbs and other personal mobility aids; (f) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles. Excludes hairdressing.
2.2	Meals and refreshments	Special diet not normally provided.
2.3	Emotional support	Emotional support to, and supervision of, care recipients.
2.4	Treatments and procedures	Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a care recipient's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law. Includes bandages, dressings, swabs and saline.
2.5	Recreational therapy	Recreational activities suited to care recipients, participation in the activities, and communal recreational equipment.
2.6	Rehabilitation support	Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a care recipient's ability to perform daily tasks for himself or herself, or assisting care recipients to obtain access to such programs.

Care and services——to be provided for all care recipients who need them		
Item	**Column 1** **Care or service**	**Column 2** **Content**
2.7	Assistance in obtaining health practitioner services	Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients, or are made direct with a health practitioner.
2.8	Assistance in obtaining access to specialised therapy services	Making arrangements for speech therapists, podiatrists, occupational or physiotherapy practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients.
2.9	Support for care recipients with cognitive impairment	Individual attention and support to care recipients with cognitive impairment (for example, dementia and behavioural disorders), including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such care recipients and ongoing support (including specific encouragement) to motivate or enable such care recipients to take part in general activities of the residential care service.

Division 3—Care and services—to be provided for all care recipients who need them—fees may apply

3 Care and services—for all care recipients who need them—fees may apply

The following table specifies the care and services that an approved provider of short-term restorative care must provide for all care recipients who need them, if the short-term restorative care is provided in a residential care setting.

Care and services—to be provided for all care recipients who need them

Item	Column 1 Care or service	Column 2 Content
3.1	Furnishings	Over-bed tables.
3.2	Bedding materials	Bed rails, incontinence sheets, ripple mattresses, sheepskins, tri-pillows, and water and air mattresses appropriate to each care recipient's condition.
3.3	Goods to assist care recipients to move themselves	Crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs. Excludes motorised wheelchairs and custom made aids.
3.4	Goods to assist staff to move care recipients	Mechanical devices for lifting care recipients, stretchers, and trolleys.
3.5	Goods to assist with toileting and incontinence management	Absorbent aids, commode chairs, disposable bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs and urodomes, catheter and urinary drainage appliances, and disposable enemas.
3.6	Nursing services	Initial assessment and care planning carried out by a nurse practitioner or registered nurse, and ongoing management and evaluation carried out by a nurse practitioner, registered nurse or enrolled nurse acting within their scope of practice. Nursing services carried out by a nurse practitioner, registered nurse or enrolled nurse, or other professional appropriate to the service (for example, medical practitioner, stoma therapist, speech pathologist, physiotherapist or qualified practitioner from a palliative care team), acting within their scope of practice. Services may include, but are not limited to, the following: (a) establishment and supervision of a complex pain management or palliative care program, including monitoring and managing any side effects; (b) insertion, care and maintenance of tubes, including intravenous and naso-gastric tubes; (c) establishing and reviewing a catheter care program, including the insertion, removal and replacement of catheters; (d) establishing and reviewing a stoma care program; (e) complex wound management; (f) insertion of suppositories;

Care and services—to be provided for all care recipients who need them		
Item	**Column 1** **Care or service**	**Column 2** **Content**
		(g) risk management procedures relating to acute or chronic infectious conditions; (h) special feeding for care recipients with dysphagia (difficulty with swallowing); (i) suctioning of airways; (j) tracheostomy care; (k) enema administration; (l) oxygen therapy requiring ongoing supervision because of a care recipient's variable need; (m) dialysis treatment.
3.7	Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services	(a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain care recipients' levels of independence in activities of daily living; (b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow care recipients to reach a level of independence at which maintenance therapy will meet their needs. Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma.

Part 2—Care and services that may be provided in a home care setting

Division 1—Care and services that may be provided

4 Care services

The following table specifies the care services that an approved provider of short-term restorative care may provide if the care is provided in a home care setting.

Care services

Item	Column 1 Service	Column 2 Content
4.1	Personal services	Personal assistance, including individual attention, individual supervision and physical assistance, with: (a) bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids; and (b) toileting; and (c) dressing and undressing; and (d) mobility; and (e) transfer (including in and out of bed).
4.2	Activities of daily living	Personal assistance, including individual attention, individual supervision and physical assistance, with communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone.
4.3	Nutrition, hydration, meal preparation and diet	Includes: (a) assistance with preparing meals; and (b) assistance with special diet for health, religious, cultural or other reasons; and (c) assistance with using eating utensils and eating aids and assistance with actual feeding, if necessary; and (d) providing enteral feeding formula and equipment.
4.4	Management of skin integrity	Includes providing bandages, dressings, and skin emollients.
4.5	Continence management	Includes: (a) assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas; and (b) assistance in using continence aids and appliances and managing continence.

Care services

Item	Column 1 Service	Column 2 Content
4.6	Mobility and dexterity	Includes: (a) providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs; and (b) providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses; and (c) assistance in using the above aids.

5 Support services

The following table specifies the support services that an approved provider of short-term restorative care may provide if the care is provided in a home care setting.

Support services

Item	Column 1 Service	Column 2 Content
5.1	Support services	Includes: (a) cleaning; and (b) personal laundry services, including laundering of care recipient's clothing and bedding that can be machine-washed, and ironing; and (c) arranging for dry-cleaning of care recipient's clothing and bedding that cannot be machine-washed; and (d) gardening; and (e) medication management; and (f) rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need; and (g) emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the care recipient and carer, if appropriate; and (h) support for care recipients with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support; and (i) providing 24-hour on-call access to emergency assistance including access to an emergency call system if the care recipient is assessed as requiring it; and (j) transport and personal assistance to help the care recipient shop, visit health practitioners or attend social activities; and (k) respite care; and (l) home maintenance, reasonably required to maintain the home and garden in a condition of functional safety and provide an

Support services		
Item	**Column 1** **Service**	**Column 2** **Content**
		adequate level of security; and (m) modifications to the home, such as easy access taps, shower hose or bath rails; and (n) assisting the care recipient, and the homeowner if the home owner is not the care recipient, to access technical advice on major home modifications; and (o) advising the care recipient on areas of concern in their home that pose safety risks and ways to mitigate the risks; and (p) arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home services; and (q) assistance to access support services to maintain personal affairs.
5.2	Leisure, interests and activities	Includes encouragement to take part in social and community activities that promote and protect the care recipient's lifestyle, interests and wellbeing.

6 Clinical services

The following table specifies the clinical services that an approved provider of short-term restorative care may provide if the care is provided in a home care setting.

Clinical services		
Item	**Column 1** **Service**	**Column 2** **Content**
6.1	Clinical care	Includes: (a) nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services; and (b) other clinical services such as hearing and vision services.
6.2	Access to other health and related services	Includes referral to health practitioners or other related service providers.

Division 2—Excluded care and services

7 Items that must not be included in package of care and services

The following table specifies the items that must not be included in the package of care and services provided under section 15C.

Excluded items

Item	Column 1	Column 2
7.1	Excluded items	The following items must not be included in the package of care and services provided under section 15C: (a) use of the package funds as a source of general income for the care recipient; (b) purchase of food, except as part of enteral feeding requirements; (c) payment for permanent accommodation, including assistance with home purchase, mortgage payments or rent; (d) payment of flexible care fees; (e) payment of fees or charges for other types of care funded or jointly funded by the Australian Government; (f) home modifications or capital items that are not related to the care recipient's care needs; (g) travel and accommodation for holidays; (h) cost of entertainment activities, such as club memberships and tickets to sporting events; (i) gambling activities; (j) payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes
Endnote 2—Abbreviation key
Endnote 3—Legislation history
Endnote 4—Amendment history

Abbreviation key—Endnote 2
The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4
Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes
The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments
A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and "(md not incorp)" is added to the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted

am = amended

amdt = amendment

c = clause(s)

C[x] = Compilation No. x

Ch = Chapter(s)

def = definition(s)

Dict = Dictionary

disallowed = disallowed by Parliament

Div = Division(s)

ed = editorial change

exp = expires/expired or ceases/ceased to have effect

F = Federal Register of Legislation

gaz = gazette

LA = *Legislation Act 2003*

LIA = *Legislative Instruments Act 2003*

(md) = misdescribed amendment can be given effect

(md not incorp) = misdescribed amendment cannot be given effect

mod = modified/modification

No. = Number(s)

o = order(s)

Ord = Ordinance

orig = original

par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)

pres = present

prev = previous

(prev…) = previously

Pt = Part(s)

r = regulation(s)/rule(s)

reloc = relocated

renum = renumbered

rep = repealed

rs = repealed and substituted

s = section(s)/subsection(s)

Sch = Schedule(s)

Sdiv = Subdivision(s)

SLI = Select Legislative Instrument

SR = Statutory Rules

Sub-Ch = Sub-Chapter(s)

SubPt = Subpart(s)

underlining = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Quality of Care Principles 2014	26 June 2014 (F2014L00830)	1 July 2014 (s 2)	
Quality of Care Amendment Principle 2014 (No. 1)	8 Jan 2015 (F2015L00021)	9 Jan 2015 (s 2)	—
Aged Care Legislation Amendment (Short-term Restorative Care) Principles 2016	5 May 2016 (F2016L00670)	6 May 2016 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Influenza Vaccination in Residential Care) Principles 2018	30 Apr 2018 (F2018L00545)	Sch 1 (items 1–4): 1 May 2018 (s 2(1) item 1)	—
Quality of Care Amendment (Single Quality Framework) Principles 2018	10 Oct 2018 (F2018L01412)	1 July 2019 (s 2(1) item 1)	—
Aged Care Quality and Safety Commission (Consequential Amendments) Rules 2018	24 Dec 2018 (F2018L01840)	Sch 1 (items 7, 8): 1 Jan 2019 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Comparability of Home Care Pricing Information) Principles 2019	14 Mar 2019 (F2019L00288)	Sch 1 (item 2): 15 Mar 2019 (s 2(1) item 2)	—
Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019	2 Apr 2019 (F2019L00511)	1 July 2019 (s 2(1) item 1)	—
Quality of Care Amendment (Reviewing Restraints Principles) Principles 2019	25 Nov 2019 (F2019L01505)	29 Nov 2019 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Serious Incident Response Scheme) Instrument 2021	9 Mar 2021 (F2021L00222)	Sch 1 (items 1, 2, 10, 11): 1 Apr 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Royal Commission Response No. 1) Principles 2021	30 June 2021 (F2021L00923)	Sch 1 (items 1–12): 1 July 2021 (s 2(1) item 2) Sch 2: 1 Sept 2021 (s 2(1) item 3)	—
Aged Care Legislation Amendment (Reportable Incidents) Instrument 2022	29 Sept 2022 (F2022L01275)	Sch 1: 3 Oct 2022 (s 2(1) item 2)	—
Aged Care Legislation Amendment (Residential Aged Care Funding) Instrument 2022	29 Sept 2022 (F2022L01276)	Sch 3 (items 25–30): 1 Oct 2022 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Transition Care) Instrument 2022	11 Nov 2022 (F2022L01453)	Sch 1 (items 8, 9): 1 Dec 2022 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Incident Management and Reporting) Instrument 2022	30 Nov 2022 (F2022L01542)	Sch 1 (items 3–36): 1 Dec 2022 (s 2(1) item 1)	—

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Quality of Care Amendment (Restrictive Practices) Principles 2022	30 Nov 2022 (F2022L01548)	Sch 2: 1 Apr 2023 (s 2(1) item 3) Sch 3: 1 Dec 2024 (s 2(1) item 4) Remainder: 1 Dec 2022 (s 2(1) items 1, 2)	—
Aged Care Legislation Amendment (Capping Home Care Charges) Principles 2022	19 Dec 2022 (F2022L01700)	Sch 1 (items 2–9): 1 Jan 2023 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Registered Nurses) Principles 2023	31 Mar 2023 (F2023L00389)	Sch 1 (items 2, 3): 1 Apr 2023 (s 2(1) item 2) Sch 2 (item 3): 1 July 2023 (s 2(1) item 3)	—

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
s 1	am F2022L01542
s 2	rep LIA s 48D
s 3	am F2022L01542
s 4	am F2016L00670; F2018L00545; F2018L01412; F2018L01840; F2019L00511; F2021L00222
	def ***approved health practitioner*** rep 1 July 2021 (s 15J(2)(a))
	def ***chemical restraint*** rep 1 July 2021 (s 15J(2)(b))
	def ***physical restraint*** rep 1 July 2021 (s 15J(2)(c))
	def ***restraint*** rep 1 July 2021 (s 15J(2)(d))
	am F2021L00923; F2022L01453; F2022L01542; F2022L01548 (Sch 3 items 1, 2); F2023L00389
s 4A	ad F2018L01412
s 5	rs F2018L01412
s 5A	ad F2022L01548
	rep F2022L01548
s 5B	ad F2022L01548
	rep F2022L01548
Part 2	
Division 1 heading	rep F2018L01412
s 6	am F2018L01412
s 7	am F2018L01412; F2022L01276
s 8	rep F2015L00021
	ad F2018L00545
Division 2	rep F2018L01412
s 9	rep F2018L01412
s 10	rep F2018L01412
s 11	rep F2018L01412
Part 3	
Division 1 heading	rep F2018L01412
s 12	am F2018L01412; F2022L01700
s 13	am F2018L01412; F2021L00923; F2022L01700
Division 2	rep F2018L01412
s 14	rep F2018L01412
s 15	rep F2018L01412
Part 4	
Part 4	ad F2016L00670
Division 1 heading	rep F2018L01412

Endnote 4—Amendment history

Provision affected	How affected
s 15A	ad F2016L00670
	rs F2018L00545
	am F2018L01412
s 15B	ad F2016L00670
	am F2018L01412; F2021L00923
s 15BA	ad F2018L00545
s 15C	ad F2016L00670
	am F2018L01412; F2021L00923
Division 2	rep F2018L01412
Part 4A	
Part 4A heading	rs F2019L01505
	rep 1 July 2021 (s 15J(1))
	ad F2021L00923
Part 4A	ad F2019L00511
	rep 1 July 2021 (s 15J(1))
	ad F2021L00923
Division 1	
s 15D	ad F2016L00670
	rep F2018L01412
	ad F2019L00511
	rep 1 July 2021 (s 15J(1))
	ad F2021L00923
	am F2022L01548
s 15DA	ad F2021L00923
Division 2	
s 15E	ad F2016L00670
	rep F2018L01412
	ad F2019L00511
	rep 1 July 2021 (s 15J(1))
	ad F2021L00923
Division 3	
s 15F	ad F2016L00670
	rep F2018L01412
	ad F2019L00511
	am F2019L01505
	rep 1 July 2021 (s 15J(1))
	ad F2021L00923
	am F2022L01542
s 15FA	ad F2021L00923
	am F2021L00923; F2022L01548

Endnote 4—Amendment history

Provision affected	How affected
s 15FB	ad F2021L00923
	am F2021L00923
s 15FC	ad F2021L00923
	am F2021L00923; F2022L01548
Division 4	
s 15G	ad F2019L00511
	am F2019L01505
	rep 1 July 2021 (s 15J(1))
	ad F2021L00923
s 15GA	ad F2021L00923
s 15GB	ad F2021L00923
	am F2021L00923; F2022L01548
s 15GC	ad F2022L01548
	rep F2022L01548
Division 5	
Division 5	ad F2021L00923
s 15H	ad F2019L01505
	rep 1 July 2021 (s 15J(1))
	ad F2021L00923
s 15HA	ad F2021L00923
s 15HB	ad F2021L00923
s 15HC	ad F2021L00923
	am F2022L01548
s 15HD	ad F2021L00923
	am F2022L01548
s 15HE	ad F2021L00923
	am F2022L01548
s 15HF	ad F2021L00923
s 15HG	ad F2021L00923
Division 6	
Division 6	ad F2022L01548
	rep F2022L01548
s 15J	ad F2019L01505
	rep 1 July 2021 (s 15J(1))
	ad F2022L01548
	rep F2022L01548
Part 4B	
Part 4B	ad F2021L00222
Division 1	
s 15K	ad F2021L00222

Provision affected	How affected
	am F2022L01542
Division 2	
s 15L	ad F2021L00222
s 15LA	ad F2021L00222
	am F2022L01542
s 15LB	ad F2021L00222
Division 3	
s 15M	ad F2021L00222
	am F2022L01542
s 15MA	ad F2021L00222
s 15MB	ad F2021L00222
s 15MC	ad F2021L00222
	am F2022L01542
s 15MD	ad F2021L00222
Division 4	
s 15N	ad F2021L00222
	am F2022L01542
s 15NA	ad F2021L00222
	am F2021L00923; F2022L01542
s 15NAA	ad F2022L01542
s 15NB	ad F2021L00222
	am F2021L00923; F2022L01542
s 15NC	ad F2021L00222
s 15ND	ad F2021L00222
s 15NE	ad F2021L00222
	am F2022L01275; F2022L01542
s 15NF	ad F2021L00222
	am F2022L01542
s 15NG	ad F2021L00222
s 15NH	ad F2021L00222
s 15NI	ad F2021L00222
Part 4C	
Part 4C	ad F2023L00389
Division 1	
s 15P	ad F2023L00389
Division 2	
s 15Q	ad F2023L00389
s 15R	ad F2023L00389
s 15S	ad F2023L00389
	am F2023L00389

Endnote 4—Amendment history

Provision affected	How affected
s 15T	ad F2023L00389
s 15U	ad F2023L00389
Division 3	
s 15V	ad F2023L00389
s 15W	ad F2023L00389
Part 5	
Part 5	ad F2018L01412
s 16	ad F2018L01412
s 17	ad F2018L01412
s 18	ad F2018L01412
	am F2022L01453
Part 6	
Part 6	ad F2022L01275
Division 1	
s 19	ad F2022L01275
s 20	ad F2022L01542
s 21	ad F2022L01542
Schedule 1	
Schedule 1	am F2018L01412
Part 3	
Part 3 heading	rs F2022L01276
c 3	rs F2022L01276
Schedule 2	
Schedule 2	rs F2018L01412
c 1	rs F2018L01412
c 2	rs F2018L01412
c 3	rs F2018L01412
c 4	rs F2018L01412
c 5	ad F2018L01412
c 6	ad F2018L01412
c 7	ad F2018L01412
c 8	ad F2018L01412
	am F2021L00222; F2021L00923
Schedule 3	
Schedule 3	am F2018L01412
Part 1	
c 1	am F2022L01700
c 1A	ad F2022L01700
c 2	am F2019L00288; F2022L01700
c 3	am F2022L01700

Endnote 4—Amendment history

Provision affected	How affected
Schedule 4	rep F2018L01412
c 1	rep F2018L01412
c 2	rep F2018L01412
c 3	rep F2018L01412
Schedule 5	
Schedule 5	ad F2016L00670
	am F2018L01412
Part 1	
Division 1	
c 1	ad F2016L00670
Division 2	
c 2	ad F2016L00670
Division 3	
c 3	ad F2016L00670
Part 2	
Division 1	
c 4	ad F2016L00670
c 5	ad F2016L00670
c 6	ad F2016L00670
Division 2	
c 7	ad F2016L00670