



Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019

I, Ken Wyatt AM, Minister for Senior Australians and Aged Care, make the following principles.

Dated 2 April 2019

Ken Wyatt AM
Minister for Senior Australians and Aged Care

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1 Name

This instrument is the *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	Immediately after the commencement of Schedule 1 to the <i>Quality of Care Amendment (Single Quality Framework) Principles 2018</i> .	1 July 2019

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Aged Care Act 1997*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Quality of Care Principles 2014

1 Section 4

Insert:

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

chemical restraint means a restraint that is, or that involves, the use of medication or a chemical substance for the purpose of influencing a person's behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

physical restraint means any restraint other than:

- (a) a chemical restraint; or
- (b) the use of medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

restraint means any practice, device or action that interferes with a consumer's ability to make a decision or restricts a consumer's free movement.

2 After Part 4

Insert:

Part 4A—Minimising the use of physical and chemical restraint

15D Purpose of this Part

For the purposes of paragraph 54-1(1)(h) of the Act, this Part specifies other responsibilities of an approved provider in relation to the quality of the aged care the approved provider provides that is:

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

15E State and Territory laws continue to apply

This Part does not affect the operation of any law of a State or Territory in relation to restraint.

15F Use of physical restraint

- (1) An approved provider must not use a physical restraint in relation to a consumer unless, in relation to that use of the restraint:
 - (a) an approved health practitioner who has day-to-day knowledge of the consumer has:

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- (i) assessed the consumer as posing a risk of harm to the consumer or any other person, and as requiring the restraint; and
 - (ii) documented the assessment, unless the use of the restraint is necessary in an emergency; and
 - (b) alternatives to restraint have been used for the consumer to the extent possible; and
 - (c) the alternatives to restraint that have been considered or used have been documented, unless the use of the restraint is necessary in an emergency; and
 - (d) the restraint is the least restrictive form of restraint possible; and
 - (e) the approved provider has the informed consent of the consumer or the consumer's representative to the use of the restraint, unless the use of the restraint is necessary in an emergency.
- (2) If an approved provider uses a physical restraint in relation to a consumer, the approved provider must:
- (a) if the restraint is used in an emergency—document the matters mentioned in subparagraph (1)(a)(ii) and paragraph (1)(c) as soon as practicable after the restraint starts to be used; and
 - (b) if the restraint is used without the consent mentioned in paragraph (1)(e)—inform the consumer's representative as soon as practicable after the restraint starts to be used; and
 - (c) ensure the care and services plan documented for the consumer in accordance with the Aged Care Quality Standards set out in Schedule 2 identifies the following:
 - (i) the consumer's behaviours that are relevant to the need for the restraint;
 - (ii) the alternatives to restraint that have been used (if any);
 - (iii) the reasons the restraint is necessary;
 - (iv) the care to be provided to the consumer in relation to the consumer's behaviour; and
 - (d) use the restraint for the minimum time necessary; and
 - (e) while the consumer is subject to the restraint:
 - (i) regularly monitor the consumer for signs of distress or harm; and
 - (ii) regularly monitor and review the necessity for the restraint.

15G Use of chemical restraint

- (1) An approved provider must not use a chemical restraint in relation to a consumer unless:
 - (a) a medical practitioner or nurse practitioner has assessed the consumer as requiring the restraint and has prescribed the medication the use of which is, or is involved in, the restraint; and
 - (b) the practitioner's decision to use the restraint has been recorded in the care and services plan documented for the consumer in accordance with the Aged Care Quality Standards set out in Schedule 2; and
 - (c) the consumer's representative is informed before the restraint is used if it is practicable to do so.
- (2) If an approved provider uses a chemical restraint in relation to a consumer, the approved provider must:

- (a) if the consumer's representative has not been informed of the use of the restraint—inform the consumer's representative as soon as practicable after the restraint starts to be used; and
- (b) ensure the care and services plan documented for the consumer in accordance with the Aged Care Quality Standards set out in Schedule 2 identifies the following:
 - (i) the consumer's behaviours that are relevant to the need for the restraint;
 - (ii) the alternatives to restraint that have been used (if any);
 - (iii) the reasons the restraint is necessary (if known by the approved provider);
 - (iv) the information (if any) provided to the practitioner that informed the decision to prescribe the medication; and
- (c) while the consumer is subject to the restraint—regularly monitor the consumer for signs of distress or harm and provide information to the practitioner regarding use of the restraint.