



Restrictive Practice use in residential aged care

Factsheet – Types of restrictive practices

What is a restrictive practice?

A restrictive practice is any action that restricts the rights or freedom of movement of a care recipient.

What do restrictive practices include?

There are five types of restrictive practices:

- chemical restraint
- environmental restraint
- mechanical restraint
- physical restraint
- seclusion

For more information on the types of restrictive practices see: [Types of restrictive practices](#)

Chemical restraint

Chemical restraint is a practice or intervention that involves the use of medication or a chemical substance for the primary purpose of influencing a care recipient's behaviour. It does not include the use of medication prescribed for:

- the treatment of, or to enable treatment of, the care recipient for a diagnosed mental disorder, a physical illness or a physical condition; or
- end of life care for the care recipient.

The most common type of chemical restraint used in residential aged care are psychotropic medications. Psychotropic medications are any drug capable of affecting the mind, emotions and behaviour. The three main classes of psychotropic medications prescribed are:

- antidepressants;
- anxiolytic/ hypnotics (mostly benzodiazepines to manage anxiety and insomnia);
- antipsychotics.

The chemical restraint definition excludes medication prescribed for a diagnosed mental disorder, a physical illness or physical condition or end of life care. This allows for the continued use of these medications where there is a genuine and clear medical need. Providers need to ensure they are using the medication as prescribed when used for:

- a physical illness;
- the medical treatment of a diagnosed mental disorder; or
- a physical illness or physical condition or end of life care.



Environmental restraint

Environmental restraint is a practice or intervention that restricts, or involves restricting, a care recipient's free access to all parts of their environment (including items and activities) for the primary purpose of influencing their behaviour.

The care recipient's environment is taken to include the care recipient's:

- room;
- any common areas within the facility;
- the common grounds outside of the facility.

It does not include areas within the facility that a care recipient would not normally be permitted such as:

- the kitchen;
- meal preparation areas;
- laundry;
- maintenance areas or medication storage areas;
- other care recipient's rooms.

Environmental restraint may involve restricting a care recipient from accessing a room or area within their environment, or an item or activity. Environmental restraints can include:

- locking away cutlery, tea/coffee, or mobile phones, in cupboards and/or drawers;
- restricting a care recipient from accessing activities such as watching television; or
- making tea or coffee.

Whilst environmental restraints are commonly used for the safety of care recipients, they can have unanticipated effects on other care recipients' rights. Therefore, any environmental restraint should not only consider the impact for an individual care recipient but for all care recipients that have access to that environment and/or item or activity.

Mechanical restraint

Mechanical restraint is a practice or intervention that is, or 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. It does not include the use of a device for therapeutic or non-behavioural purposes in relation to the care recipient.

Examples of mechanical restraint include:

- bed rails;
- tray tables;
- belts;
- harnesses;
- restrictive clothing;
- splints or gloves;
- the use of straps to restrain any part of the body.

Devices used for therapeutic purposes or non-behavioural purposes are not considered to be mechanical restraints. These include splints/casts for broken bones, or wheelchairs for someone unable to walk long distances.

Devices used for safety purposes or to prevent harm, even if consented to by the care recipient, are a mechanical restraint if not used for therapeutic or non-behavioural purposes.



Physical restraint

Physical restraint is a practice or intervention that 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. This 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 or if it is consistent with what could reasonably be considered the exercise of care towards the care recipient.

Examples of physical restraint are pulling a care recipient in a direction they do not wish to go or holding a care recipient down to administer medication.

An example of the use of a hands-on technique in a reflexive way may be where a person holds a care recipient back from crossing the road if the care recipient began to move forward without consideration of the oncoming traffic. Another example may be where a person catches a care recipient when they begin to fall.

Assisting care recipients during activities of daily living and therapeutic activities where the care recipient is unable to perform these tasks themselves or has requested assistance would not be considered to be a physical restraint. Examples include:

- assisting during dressing;
- shaving;
- teeth brushing; or
- assisting to complete physiotherapy activities.

Seclusion

Seclusion is a practice or intervention that is, or involves, the solitary confinement of a care recipient in a room or a physical space at any hour of the day or night for the primary purpose of influencing the care recipient's behaviour where:

- voluntary exit is prevented or not facilitated;
- it is implied that voluntary exit is not permitted; or
- for the primary purpose of influencing a care recipient's behaviour.

Seclusion involves the solitary confinement of a care recipient. Examples of seclusion include:

- locking a care recipient in their room or other area of the facility;
- ordering a care recipient to a specific area within the facility with them believing they are not permitted to leave; or
- staff and other care recipients retreating to other rooms whilst the care recipient is unable to follow.

A care recipient choosing to go to their own room or bathroom and locking the door themselves is not seclusion, provided they are free to leave when they wish to.

Seclusion significantly affects a care recipient's dignity and rights and should only be used after all other forms of behaviour management or appropriate alternative restrictive practices have been exhausted. Seclusion is an extreme form of restrictive practice and should never be used as a punishment.

Care recipients required to isolate for the purpose of complying with state and territory public health directives would not be seclusion, as its primary purpose is not to influence the care recipient's behaviour.



Australian Government

Department of Health and Aged Care

How can I get more information?

Department of Health and Aged Care

General information about the use of restrictive practices in aged care can be found on the Department of Health and Aged Care's website at [Restrictive practices in aged care - a last resort](#).

Aged Care Quality and Safety Commission

Information about the use of restrictive practices in aged care including education and regulatory requirements can be found on the Aged Care Quality and Safety Commission website at [Minimising the use of restrictive practices](#).