



Restrictive Practices Substitute Decision Maker – approved provider fact sheet

This fact sheet outlines approved providers' requirements for obtaining informed consent from a Restrictive Practices Substitute Decision Maker (RPSDM) to use a restrictive practice on a care recipient under the Commonwealth hierarchy¹ which commenced on 1 December 2022. This document should be read in conjunction with our other resources on [consent for restrictive practices](#).

Approved providers can only use the Commonwealth hierarchy² if:

- The care recipient does not have capacity to consent themselves; and
- There is no one appointed under the state/territory law in the role of the RPSDM; and
- There is no explicit legal mechanism in the state/territory law in which the care recipient is receiving aged care to appoint a RPSDM; or
- An application to appoint a RPSDM has been made but is experiencing significant delay.

Before using the hierarchy the provider must

- Identify who is the potential RPSDM based on the Commonwealth hierarchy. See decision tree for guidance.
- Contact the potential RPSDM and be satisfied the potential RPSDM has capacity, and is willing, to act in the role.
 - If the potential RPSDM does not have capacity, or is not willing to act as the potential RPSDM, move to the next item in the hierarchy. See decision tree for guidance.
 - Make the potential RPSDM aware of the requirements for the use of restrictive practices in Part 4A of the Quality of Care Principles 2014.
- Seek the potential RPSDM's agreement in writing to be the care recipient's RPSDM.

Prior to seeking informed consent from the RPSDM the provider must:

- Explain the role of the RPSDM when considering whether to provide consent:
 - Consent must be informed, voluntary, current and provided by a person who has capacity to provide consent.

¹The Commonwealth hierarchy is set out in the table in 5B(2) of the Quality of Care Principles 2014.

- The use of the restrictive practice will be based on the consent provided.
- The RPSDM can revoke consent at any stage.
- The RPSDM can refuse to give consent to the use of the restrictive practice.
- Any additional or different use of a restrictive practice beyond what has been consented to or use of a different restrictive practice must have a separate consent.

When the above requirements have been completed, the provider can seek to obtain the RPSDM's informed consent to any potential or planned use of a restrictive practice.

When seeking informed consent from a RPSDM an approved provider must:

- Be satisfied the RPSDM still has capacity to consent.
- Support the RPSDM to understand the details of the proposed restrictive practice to be used. For example, why it is needed, what it will achieve, what form it will take, for how long it will be used and what impact it may have on the care recipient.
- Advise of all the alternative strategies previously used and their outcomes prior to seeking this consent.
- Provide details of the intended restrictive practice, including:
 - circumstances of use
 - frequency of use
 - duration of use
 - when the use will be reviewed
 - how the use will be monitored to ensure it is achieving its purpose
 - a copy of the care recipient's Behaviour Support Plan.
- Provide contact details for Dementia Services Australia and Older Persons Advocacy Network to the RPSDM for additional support.
- If the RPSDM does give informed consent, ensure it is documented in the care recipient's Behaviour Support Plan and care and services plan.
- If the RPSDM withholds consent, the approved provider cannot use the restrictive practice and must document the RPSDM's decision in the Behaviour Support Plan and care and services plan.

If there is more than one restrictive practice nominee or a nominee group appointed as the RPSDM, please refer to the [frequently asked questions](#) for additional guidance on consent arrangements.



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