

Restrictive Practices in Aged Care

Sometimes restrictive practices may be used on an individual in aged care, including a person near the end of life, to control the way they are acting. Restrictive practices **significantly impact an individual's rights, dignity and liberty**.¹ They **can only be used as a last resort**, in the **least restrictive form**, for the **shortest time possible**, and **only if lawful consent is given**.

This area of law is very complex and differs across jurisdictions. This factsheet provides an overview of the requirements for consent to restrictive practices in aged care under the *Aged Care Act 2024* (Cth).

What are restrictive practices?

Restrictive practices are interventions that restrict the rights or freedom of movement of an individual. They are used to control or influence the individual's behaviour. There are five main types of restrictive practices in aged care.^{2,3,4}

Type of practice	What it involves	Example in aged care
Chemical restraint	Using medication or a chemical substance to influence an individual's behaviour (not to treat a physical illness or condition, or a mental disorder, or for end of life care).	Giving psychotropic medication to a resident with dementia to control agitation or aggression.
Environmental restraint	Restricting an individual's free access to all parts of their environment (including activities and items).	Restricting access to the outside to prevent a resident leaving residential care. Locking up sharp objects, activities, a room or area, or items.
Mechanical restraint	Using a device to prevent, restrict or subdue an individual's movement.	Using bed rails to prevent falls, restrictive clothing, or harnesses or straps to restrain the individual.
Physical restraint	Using physical force to prevent, restrict or subdue movement of the individual's body, or part of their body.	Holding an individual down to administer medication, using security personnel to restrain or block an individual from a room.
Seclusion	Sole confinement of an individual in a room or physical space at any time of day, and preventing (or not facilitating) their voluntary exit, or implying that voluntary exit is not permitted.	Locking an individual in their room or other area. ⁵

When can restrictive practices be used?

In aged care, restrictive practices **must only be used**:

- » with **informed consent**, including consent to how it is to be used (its duration, frequency and intended outcome),
- » **as a last resort** to prevent harm to the individual or others,
- » to the extent **necessary and in proportion to the risk of harm**, and
- » in the **least restrictive form**, and for the **shortest time necessary** to prevent harm to the individual or others.

Before using restrictive practices, registered providers must:

- » consider the **likely impact of using the practice on the individual**, and
- » consider or use **best practice alternative strategies, and document these** in the individual's behaviour support plan.

Providers must ensure use of the restrictive practice:

- » complies with the individual's behaviour support plan,
- » meets the requirements of the law of the State or Territory where it is being used,
- » complies with the Aged Care Quality Standards and the Aged Care Code of Conduct, and
- » is not inconsistent with the Statement of Rights.

They must also monitor and review use of the restrictive practice, and consider whether it can be reduced or stopped.

There are **further requirements that must be followed**, depending on the type of restrictive practice to be used. These are in **Appendix A** (page 5).

Registered providers must comply with the *Aged Care Rules 2025* (Cth) (the Rules) on use of restrictive practices as a condition of registration.

The **only exception to obtaining consent is in an emergency**. Emergency situations are discussed on page 3.

Who can consent to restrictive practices?

The *Aged Care Act 2024* (Cth) and the Rules set out the process for obtaining consent.

In residential care, consent may only be given by:

- » the **individual (if they have capacity)**, or
- » if the individual has impaired capacity, a **restrictive practices substitute decision-maker**. This is a person or body appointed by the law of the State or Territory where the person receives aged care to consent to restrictive practices.

The laws on consent in the State or Territory where the individual is receiving care apply.²

Where there is no restrictive practices substitute decision-maker

If there is **no restrictive practices substitute decision-maker**, and either:

- » there is **no way to appoint a decision-maker under State or Territory law**, or
- » an **application to appoint a decision-maker has been made but is significantly delayed**,

one of these people may be the restrictive practice substitute decision-maker (in order of priority), so long as they have capacity to act and have agreed in writing to be the decision-maker:

- » a **restrictive practices nominee**. This is someone the individual has nominated to consent if they do not have capacity.
- » the individual's **partner** (so long as they have a close and continuing relationship).
- » the **individual's relative* or friend** who:
 - was their unpaid carer immediately before the individual entered residential care, and
 - has a personal interest in the individual's welfare on an unpaid basis, and
 - has a close and continuing relationship with the individual.
- » **another relative* or friend** of the individual who has:
 - a personal interest in the individual's welfare on an unpaid basis, and
 - a close and continuing relationship with the individual.

If no one above can be the decision-maker, a person or body appointed under State or Territory law to consent to medical treatment for the

*If there are two or more relatives or friends, the eldest will be the restrictive practices decision-maker.

individual may approve use of the restrictive practice e.g. a guardian.

If you are uncertain about who can provide consent to restrictive practices, contact your State or Territory's health department and Office of the Public Advocate/Public Guardian for assistance (see contact details under *Where can I get more information?*).

What if consent is not obtained?

A provider and anyone else who uses (or helps to use) a restrictive practice without consent, or in a way that does not meet the requirements in the Rules, **may be liable in civil or criminal law**. Non-compliance with these requirements may also be a reportable incident (discussed further below).

An exception is **where restrictive practices are necessary in an emergency**. In that situation, there is no requirement to obtain consent, and some other requirements do not apply. If the individual did not have capacity to consent, the provider must inform the restrictive practices substitute decision-maker, as soon as possible after the restrictive practice starts to be used, that the practice was used, and document its use in the individual's behaviour support plan.

What other responsibilities do aged care providers have?

When restrictive practices are used, residential care providers must monitor the individual for signs of distress or harm; side effects and adverse events; and changes in mood, behaviour, wellbeing, and ability to function independently or engage in activities of daily living.

They must also regularly monitor and review if using the restrictive practice is necessary, and its effectiveness. If chemical restraint is used, information about its use and effect must be given to the practitioner who prescribed the medication.

What if I have concerns about use of restrictive practices?

Use of restrictive practices without consent or in a way that does not comply with the Rules is a reportable incident that must be reported by an aged care provider to the Aged Care Quality and Safety Commission.⁶

For examples of inappropriate use of restrictive practices, [read this factsheet](#). More serious incidents may lead to the Commission requiring an external investigation,⁷ and possible civil or criminal liability. To report inappropriate use of restrictive practices visit the [Commission](#).

If you have concerns about restrictive practices being used inappropriately or without consent, contact the [Aged Care Quality and Safety Commission](#), or the Office of the Public Guardian/Public Advocate in your State or Territory.

Where can I get more information?

If you work in aged care, ask your manager for information about restrictive practices.

Other useful information:

Aged Care Quality and Safety Commission

- » [Restrictive practices provider resources](#)
- » [Restrictive practices scenarios](#)
- » [Six steps for safe prescribing of antipsychotics and benzodiazepines in residential aged care](#)

Australian Department of Health and Aged Care

- » [Restrictive practices in aged care – a last resort](#)
- » [Consent for restrictive practices – FAQs](#)

Queensland

- » [Interim consent arrangements for restrictive practices in aged care](#)

Australian Capital Territory

- » [Understand restrictive practices](#)

Victoria

- » [Substitute decision making and restrictive practices in aged care](#)

New South Wales

- » [Restrictive practices and guardianship](#)

Offices of the Public Advocate and Public Guardian

- » [Office of the Public Guardian Northern Territory](#)
- » [Office of the Public Advocate South Australia](#)
- » [Office of the Public Guardian Tasmania](#)
- » [Office of the Public Advocate Western Australia](#)

References

1. Royal Commission into Aged Care Quality and Safety. [Final Report: Care, Dignity and Respect – Volume 1: Summary and Recommendations](#). Royal Commission into Aged Care Quality and Safety, 2021.
2. Department of Health and Aged Care. [Restrictive practices in aged care – a last resort](#). 2024.
3. NDIS Quality and Safeguards Commission. [Regulated Restrictive Practices Guide](#). Penrith: NDIS, 2020.
4. *Aged Care Rules 2025* (Cth) s17-5.
5. Department of Health and Aged Care. [Restrictive Practice use in aged care](#). Australian Government, 2022.
6. Aged Care Quality and Safety Commission. [Reportable incidents: inappropriate use of restrictive practices](#). Australian Government, 2022.
7. Aged Care Quality and Safety Commission. [Effective serious incident investigations: guidance for providers](#). Australian Government, 2022.

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Appendix A: Additional requirements for use of restrictive practices

Type of practice	Additional requirements
Chemical restraint	<ul style="list-style-type: none"> » The registered provider must be satisfied that a medical practitioner or nurse practitioner has: <ul style="list-style-type: none"> - assessed the individual as posing a risk of harm to themselves or others - assessed that use of the chemical restraint is necessary - prescribed medication for use as a chemical restraint - obtained* informed consent to prescribing the medication for use as a chemical restraint. » Document* the following in the individual's behaviour support plan: <ul style="list-style-type: none"> - the assessments - the practitioner's decision to use the chemical restraint - the individual's behaviours necessitating the restraint - the reasons the restraint is necessary - any information given by the registered provider to the practitioner that informed the decision to prescribe the medication - the registered provider is satisfied that the practitioner obtained informed consent to prescribing the medication - the details of the prescription e.g. name, dosage, when it may be used - details of any engagement with people other than the practitioner regarding use of the restraint, or with external support services about the assessments. » Use the chemical restraint in accordance with the prescription provided. <p><small>*Note: These requirements do not apply if it is necessary to use the restrictive practice in an emergency.</small></p>
Environmental restraint Mechanical restraint Physical restraint Seclusion	<ul style="list-style-type: none"> » A medical practitioner, nurse practitioner or registered nurse with day-to-day knowledge of the individual must assess whether: <ul style="list-style-type: none"> - the individual poses a risk of harm to themselves or others, and - using the restrictive practice is necessary. » Document in the individual's behaviour support plan: <ul style="list-style-type: none"> - the assessments - details of any engagement with people other than the practitioner, or with external support services, about the assessments. <p><small>*Note: These requirements do not apply if it is necessary to use the restrictive practice in an emergency.</small></p>

Source: Aged Care Rules 2025 (Cth)