



Supporting Nurse Practitioners through advocacy  
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**Australian College of Nurse Practitioners response to:**

**Parliamentary Joint Committee on Human Rights**

- Inquiry into the Quality of Care Amendment  
(Minimising the Use of Restraints)  
Principles 2019 [F2019L00511]



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15<sup>th</sup> August 2019

Parliamentary Joint Committee on Human Rights  
PO Box 6100,  
Parliament House  
Canberra ACT 2600

By Email: [Human.rights@aph.gov.au](mailto:Human.rights@aph.gov.au)

**Inquiry into the Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019  
[F2019L00511]**

Dear Committee,

Thank you for the opportunity to participate in the Parliamentary Joint Committee on Human Rights.

The Australian College of Nurse Practitioners (ACNP) is submitting a short written submission in addition to participating in the hearing via telephone Tuesday 20<sup>th</sup> August 2019 11:55-12:45 in reply to the following 4 questions asked by the committee:

- 1) Do the restrictions in the instrument on the use of physical and chemical restraints by approved providers sufficiently protect the human rights of aged care consumers?

***ACNP Response***

The wording of the current document lacks detail in regard to use of restraints. Residential Aged Care Facilities (RACF) require tailored recommendations better suited to the predominant illness of dementia which is underpinning the requirement for effective management of distress, anxiety and psychosis.

Currently the only type of physical restraint regularly in use in RACFs is environmental, occasionally the use of all in one suits are used to promote dignity. Introducing further options for use of restraints in an 'emergency' is not required and also further infringes on the human rights of consumers required to live in a RACF for their 'safety'.

- 2) How does the regulation of the use of restraints in the instrument compare to the regulation of the use of restraints in comparable jurisdictions and sectors (i.e. state and territory jurisdictions, the disability sector and broader health care settings?)



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### **ACNP Response**

The current principle:

- Inadvertently sanctions the use of chemical and physical restraints in Residential Aged Care Facilities
- Implies a variety of restraints are in use however, currently the predominant form of physical restraint in use is environmental restraint, both for emergency situations and long term.
- The omission of reference to established behaviour plans, written and agreed to with the individual or consenting person/s responsible, places this instrument well behind comparable sectors.

- 3) Is it appropriate for the instrument to be amended to provide additional safeguards for the use of both physical and chemical restraints?

### **ACNP Response**

- An amendment to the instrument to reference safeguards for the use of restraints (both chemical and physical) would be better completed along with a comprehensive review of the Aged Care Act (1997) and/or the introduction of an amendment to address the need for protection of human rights for residents of RACFs through a legislative process.
- A legislative process would better allow for adoption of the new practice standards approach – which provides for evidence-based direction whilst setting down clear expectations, and focus on the outcomes and interventions of best practice management.
- In an acute setting (hospital) a person with delirium would require a “nurse special” to remain by the bedside for the safety of the person. This reduces the need for restraint, safe guarding the consumer from risk whilst providing support to a distressed consumer. Consideration for regular use of this approach would further benefit residents in RACFs.

- 4) Do the substitute decision making arrangements set out in the instrument sufficiently protect the rights of Aged Care consumers?

### **ACNP Response**

- The omission of reference to established behaviour plans, written and agreed to with the individual or consenting person/s responsible, places this instrument well behind comparable sectors.
- Rights of consumers would be better protected by the requirement for a clear expectation and focus on the outcomes and interventions of best practice management and a Behaviour Support Plan example with monthly reporting requirements if further restraints beyond an environmental restraint are required



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***In addition the ACNP would like to add:***

The use of restraints is a complex clinical issue requiring comprehensive assessment and ongoing monitoring. The use of restraints should not be a reactive activity but an ongoing conversation with family/case conferencing to manage unplanned changes to condition.

A multifactorial response is required, incorporating:

- Medication management
- Falls management
- Pain management
- Continence management
- Behavior management
- Environmental management

Finally the ACNP would like to respectfully cite a recent testimony provided to the Royal Commission this year by Mr. Graeme Head:

“... with respect to the National Disability Insurance Scheme Quality and Safeguards Commission framework [which] revealed significant contrasts between regulatory approaches in disability services as compared with aged care. The NDIS Commission’s regulatory philosophy arises out of the objects and general principles set out in legislation, including the objective of giving effect to Australia’s obligations under the United Nations convention of the rights of persons with disabilities. By comparison, it seems, the aged care framework and regulatory philosophy [currently] doesn’t meaningfully protect or enhance the human rights of service users.”

Thank you again for the opportunity to participate in this important review.

Yours sincerely

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