

# Request consent to use restrictive practices in aged care

The Public Guardian has published a [policy statement](#) on this office's position and approach to responding to requests for consent to the use of restrictive practices. Please refer to this before completing this form.

This form will not be accepted unless all fields are completed.

The Public Guardian expects that the approved aged care provider has consulted with the care recipient in relation to the use of the proposed restrictive practices, and has provided any practicable assistance to support the resident's involvement in the decision-making process. Where the care recipient is not able to provide meaningful views, consideration must be given to any other information available, including views wishes and preferences expressed or demonstrated when the resident had capacity, to determine what their wishes would be. This may require consultation with family and friends.



## Part C – RESTRICTIVE PRACTICES DETAILS

10. Description of the behaviours of concern

11. Likely, or possible reasons for behaviours (e.g. are there unmet needs?)

12. Description of the harm caused by the behaviours

13. Who is being harmed, or is at risk of harm

14. Are you requesting consent for the use of chemical restraint?

Yes

No (go to question 17)

15. Chemical restraint details:

*Name of medication*

*Dose*

*Route*

*Frequency*

16. If medication is PRN, under what circumstances will it be used, and what is the maximum dose and frequency?

## Part C –RESTRICTIVE PRACTICES DETAILS

**17. Are you requesting consent for the use of:**

Environmental restraint

Mechanical restraint

Physical restraint

Seclusion

None of the above (go to question 19)

**18. Description of the restrictive practices**

**19. What is the intended outcome of the restrictive practice? How will it mitigate the risk of harm?**

**20. What is the maximum frequency and duration of the restrictive practice, for which consent is sought?**



25. What other (non-restrictive) care will be provided in relation to the behaviours?

## Part D – ASSESSMENT AND BEHAVIOUR SUPPORT PLAN

### Assessments:

For chemical restraint: a medical practitioner or nurse practitioner must conduct the assessment and prescribe the medication(s).

For all other restrictive practices: an approved health practitioner who has day-to-day knowledge of the care recipient must conduct the assessment.

26. Who assessed the care recipient's behaviours as posing a risk of harm, and as requiring the restrictive practices (and prescribing the chemical restraint if applicable)?

Title

Given Name

Surname

27. Profession

28. Date the assessment was conducted:

Day

Month

Year

29. In making this request, you confirm that the approved aged care provider has complied with relevant *Quality of Care Principles 2014*. You also confirm that all information you have provided in this form is true and correct and that you have authority to make this request on behalf of the approved provider who will be using the restrictive practices.

Yes

Your name

Title

Given Name

Surname

Signature

Date

Day

Month

Year

*Please provide this completed form to the Office of the Public Guardian at [publicguardian@publicguardian.qld.gov.au](mailto:publicguardian@publicguardian.qld.gov.au), or directly to the guardian via email.*