

When can a device be used to restrict the movement of an aged care resident?

Fact Sheet: Limiting the movement of an aged care resident through mechanical restraint in Victoria.

In Australia, an aged care resident (**Resident**) generally has the right to move around the aged care facility freely, except where there may be a risk of harm to themselves or others.

The use of devices (e.g. straps or reclining chairs) to prevent, restrict or subdue the movement of a Resident for the primary purpose of influencing a Resident's behaviour, is known as 'mechanical restraint'.

Mechanical restraint is a 'restrictive practice' because its use restricts a person's rights or freedom of movement and can only be used as a last resort to prevent harm. Restrictive practices are strictly regulated and aged care providers (**Providers**) are required to meet various obligations.

This fact sheet applies to services delivered in aged care facilities (**Facility**) in Victoria, under the [Aged Care Act 2024 \(Cth\)](#).

This fact sheet will:

- Define mechanical restraint;
- Explain the legal requirements that must be met by Providers to authorise and apply a mechanical restraint, including in emergency situations;
- Define informed consent; and,
- Explain what you can do if you are concerned about the misuse of mechanical restraint.

What does mechanical restraint look like?

Mechanical restraint is a practice or intervention that is, or that involves, the use of a device to prevent, restrict or subdue a care recipient's movement with the primary objective of influencing the behaviour of the Resident. It does not include the use of a device for therapeutic or non-behavioural purposes, such as wheelchairs for someone who is unable to walk, or splints or casts for injuries. Examples of mechanical restraint include bed rails, tray tables, belts or harnesses.

John, age 89, aged care resident

John recently moved into an aged care facility after having a fall at home followed by a few days in hospital. John's injury is a sprained ankle and he is using a cane to help him walk. It is suggested to John by the Provider that he may like to use a wheelchair for longer distances to ensure no pressure is placed on his ankle. John agrees and the Provider ensures that staff support John in entering and exiting the wheelchair if and when he requires it.

This is *not* mechanical restraint. The use of the wheelchair is to treat John's injury and to not influence John's behaviour.

Rose, age 85, aged care resident.

Rose has fallen out of bed which has made her concerned for her safety when asleep. She requests for bed rails to be up at night so she can move freely in bed without fear of falling. Rose's bed now has bed rails and an emergency buzzer attached to the bed if she needs assistance during the night.

This is mechanical restraint, as bed rails confine Rose to the bed to prevent falling during her sleep, and certain requirements must be followed by the Provider.

What are the Provider's obligations in the use of mechanical restraint?

The Provider must be satisfied that:

- Mechanical restraint is only used as a last resort to prevent harm to the Resident or other persons, and after consideration of the likely impact on the Resident;
- Alternative strategies are considered and used to the extent possible, and documented in the Resident's Behaviour Support Plan;
- The restraint is only used to the extent it is necessary and in proportion to the risk of harm to the Resident or other persons; is in the least restrictive form, and for the shortest time necessary to prevent harm;
- The restraint complies with the Resident's Behaviour Support Plan (and other relevant care plans), the [Aged Care Quality Standards](#), and is consistent with the [Statement of Rights](#).
- Informed consent to the use of the restraint has been obtained, except in an emergency (see below).

The Provider must be satisfied that a health practitioner with day-to-day knowledge of the Resident has;

1. Assessed the Resident as posing a risk of harm to themselves or any other person; and
2. Assessed that the use of the mechanical restraint is necessary.

The Provider must document the following in the Resident's Behaviour Support Plan:

- The Resident's behaviour and assessments relevant to the use of mechanical restraint.
- The alternative strategies that have been considered or used, including a record of any consultations with the Resident or their substitute decision maker discussing such strategies.
- Details of the mechanical restraint, including duration, frequency and intended outcome, and how it is to be monitored, including the escalation process.
- Any engagement with persons other than the health practitioner in relation to the use or assessment of the mechanical restraint (for example, dementia support specialists).
- A record of the informed consent obtained by the Provider from the Resident or their substitute decision maker, for the use of the mechanical restraint.

Responsibilities of the Provider while mechanical restraint is being used:

- The use of the restraint is monitored, reviewed and documented in the Resident's Behaviour Support Plan.
- The Resident is monitored for signs of distress or harm, side effects, changes in mood or behaviour, including ability to engage in activities and to maintain independent function (to the extent possible).
- Consider if appropriate alternative strategies can be used, or changes to the environment could be made, for the restraint to be reduced or stopped.

How is mechanical restraint used in an emergency?

Mechanical restraint can be used in an emergency as necessary, such as in a dangerous event that is unanticipated and requires immediate action. It does not require informed consent.

The mechanical restraint must be in the least restrictive form, for the shortest period possible, and documented. The Provider must inform the Restrictive Practices Substitute Decision Maker as soon as practicable after the event, and document the Resident's behaviour, the alternatives considered or used, why the restraint was necessary, and the care provided.

Who can consent to mechanical restraint on behalf of a Resident?

- A decision to use mechanical restraint requires informed consent by the individual receiving the restraint, or if they lack capacity, by a substitute decision maker.
- A Resident is presumed to have capacity to make their own decisions.
- Determining a person's capacity can be difficult, it may be appropriate to obtain an assessment by a suitably qualified medical practitioner.
- If a Resident does not have capacity to provide informed consent to the use of mechanical restraint, consent must be obtained from a substitute decision maker.
- In Victoria, there is a hierarchy of persons who can be Restrictive Practices Substitute Decision Makers (RPSDM). [See our Fact Sheet on the RPSDM Act here.](#)

What is ‘informed consent’?

A Resident or RPSDM must provide informed consent to the use of a mechanical restraint. This requires the Provider to explain the reason for the use of the mechanical restraint, the risks and benefits, the timeframe and intended outcomes, and any alternative options.

Consent should be provided independently, free from duress, and involve the opportunity to review and ask questions.

Consent can be refused or withdrawn and is required each time a mechanical restraint is proposed.

Legal remedies for unlawful mechanical restraint

- Unauthorised use of restraint may give rise to civil or criminal actions, and be considered assault or false imprisonment, in severe cases.
- A person may seek an injunction from the courts to prevent the restraint from happening or continuing.

What can you do if there is an inappropriate use of mechanical restraint?

- Make a complaint to the Provider
- Make a complaint to the [Aged Care Quality and Safety Commission](#) (ACQSC).
- Contact [ACJ](#) if you are unsure of your rights for a free legal consultation.

Contact Aged Care Justice if you would like a free legal consultation:

Email: info@agedcarejustice.org.au

Phone: 0417 234 415

Website: www.agedcarejustice.org.au



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