

When can physical force be used to restrict the movement of an aged care resident?

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

In Australia, an aged care resident (**Resident**) generally has the right to move around their aged care facility (**Facility**) freely, except where there may be a risk of harm to the Resident or others. Practices that use physical force to prevent, restrict or subdue movement of Resident for the primary purpose of influencing their behaviour, are known as ‘physical restraint’.

Physical restraint is a restrictive practice because its use restricts the rights or freedom of movement of a resident 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 Victorian residential aged care services in an aged care facility, delivered under the Commonwealth’s [Aged Care Act 2024 \(Cth\)](#).

This fact sheet will:

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

What does physical restraint look like?

Physical restraint is a practice or intervention that is, or involves the use of, physical force to prevent, restrict or subdue movement of a Resident’s body, or part of a Resident’s body, for the primary purpose of influencing the Resident’s behaviour.

It does not include the use of a hands-on technique in a reflexive way to guide or redirect the Resident away from potential harm or injury if it could reasonably be considered to be the exercise of care towards the Resident.

William, age 92, aged care resident

William and some of the other Residents are going on an outing. William is busy talking to the carer who is standing by his side when he nearly walks on to the road with oncoming traffic. The carer, who William is chatting to, quickly holds William back from the road as they stop to wait for the pedestrian signal.

This is *not* physical restraint. The carer used gentle force to ensure William could not walk on to the road, to prevent him from harm.

Angela, age 84, aged care resident.

Angela has advanced dementia and often gets disoriented at meal time. Staff usually accommodate Angela by bringing a meal to her room when she seems more settled. One day a staff member sees Angela acting quite agitated near the dining area at meal time and tries to direct her to the table but Angela refuses. The staff member uses force by pushing Angela toward the dining area and grabbing her forcefully to make her sit down. Angela resists and becomes very upset.

This is physical restraint. Angela is forcefully being pushed in a direction and made to sit down when she does not wish to, and it is not to prevent harm.

When can physical restraint be used by a Provider?

The Provider must be satisfied that:

- Physical 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 used only to the extent that it is necessary and in proportion to the risk of harm to the Resident or other persons, 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 also 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 physical 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 physical 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 physical 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 physical 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 physical restraint.

Responsibilities of the Provider while physical 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.

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

- A decision to use physical 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 physical 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 physical restraint.
- The Provider is required to explain the reason for the use of the physical 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 physical restraint is proposed.

How is physical restraint used in an emergency?

Physical restraint can be used in an emergency as necessary, such as in a dangerous situation that is unanticipated and requires immediate action. It does not require informed consent or the need to ensure compliance with the Resident's Behaviour Support Plan.

The physical restraint must be in the least restrictive form, for the shortest period possible, and documented. The Provider must inform the RPSDM 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.

Legal remedies for unlawful physical restraint

- Unauthorised use of restraint may be considered assault or false imprisonment and may give rise to civil or criminal actions 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 physically restraint is being used inappropriately?

- 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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