THE USE OF RESTRICTIVE PRACTICES POLICY AND PROCEDURE

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Purpose and Scope

The purpose of this policy and procedure is to:

- promote the safety of consumers to ensure their wellbeing and individual rights are respected and
- support the delivery of high-quality services to consumers by:
  - identifying and actioning behaviours of concern
  - reducing or eliminating behaviours of concern
  - minimising and preventing any physical harm and
  - ensuring restrictive practices are only used in accordance with this policy and procedure and relevant legislation.

A restrictive practice is any practice or intervention that has the effect of restricting the rights of freedom of movement. Restrictive practice should only be used as a last resort for the shortest duration possible after all other alternatives have been considered.

The decision to use restrictive practice must involve careful clinical and ethical consideration ensuring that the consumer's rights and dignity are respected. Use of restrictive practices is regulated to ensure it is used appropriately and safeguards are in place to protect the individual.

This policy and procedure applies to all consumers who may receive restricted practices and all staff of Bilingual Care. It meets relevant legislation, regulations, and Standards. All staff and external professionals are to be suitably trained and are to work within their scope of practice appropriate to their level of training and responsibility and Code of Practice of their professional body.

Applicable Strengthened Aged Care Quality Standards

- *Standard 1: The Person*
- *Standard 2: The Organisation*
- *Standard 3: The Care and Services*
- *Standard 5: Clinical Care*

Statement of Rights

The *Statement of Rights* expects that consumer's needs remain central to care decisions and seeks to improve the way services are delivered to older people in their homes, in community settings and residential aged care homes. In particular, the Statement of Rights ensures consumers:

- make their own decisions about their own life
- have their decisions respected not just accepted
- get information and support to help them make their own decisions
- communicate their wishes, needs and preferences

- feel safe and respected
- have their culture and identity respected

Definitions

Behaviours of Concern – behaviours that, due to their intensity, frequency, or duration:

- threaten a person's quality of life, or the safety of themselves or others
- impacts on their capacity to engage in daily life
- limits the building of relationships and opportunities and
- will likely require restrictive responses.

Behaviour Support Plan – a document developed for a consumer that specifies a range of evidence-based and person-centred, proactive strategies that focus on the individual needs of the consumer, to respond to behaviours of concern. This includes behaviour support to build on the person's strengths and increase their opportunities to participate in community activities and develop new skills. It also includes any restrictive practices that may be required, subject to conditions.

Behaviour support plans are developed in consultation with the consumer, their family, carers, guardian, and other relevant people, as well as the service providers who will be implementing the plan.

Restrictive Practice – any practice or intervention that has the effect of restricting the rights or freedom of movement. It is primarily used as a last resort to prevent harm. Informed consent must be obtained before implementing and restrictive practice except in emergencies. Restrictive practices where used must be continuous monitored and reviewed to assess their necessity and effectiveness, with a focus on reducing or eliminating their use over time.

Types of Restraints[1]

Chemical Restraint – the use of medication or a chemical substance to influence a person's behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness, or a physical condition, or for the end of life care for the individual.

Environmental Restraint – modifying the environment thereby restricting a person's free access to all parts of their environment, including items or activities or certain areas.

Mechanical Restraint – the use of devices to prevent, restrict, or subdue a person's movement.

Physical Restraint – the use of direct physical force to prevent, restrict or subdue movement of a person's body, or part of their body. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.

Seclusion – isolating a person in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.

[1] *Aged Care Rules 2025*, Division 2 – Restrictive Practices

Specific forms of **Punitive Restrictive Practices** include:

> ***Aversion*** – any practice which might be experienced by a person as noxious or unpleasant and potentially painful, e.g. threats, deliberate cold baths, applying chilli powder to hands to prevent biting.
>
> ***Overcorrection*** – any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the event occurred.
>
> ***Misuse of medication*** – administration of medication prescribed for the purpose of influencing behaviour, mood, or level of arousal, contrary to the instructions of the prescribing general practitioner, psychiatrist, or other specialist.
>
> ***Denial of key needs*** – withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports.

Specific Forms of **Physical Restraint** that are prohibited include:

Prone Restraint - subduing a person by forcing them into a face down position.

Supine Restraint - subduing a person by forcing them into a face up position.

Pin Down Restraint - subduing a person by holding their limbs or any part of the body such as their arms and legs.

Basket holds - subduing a person by wrapping your arm/s around their upper and/or lower body.

Take down techniques - subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support.

Physical Restraint –

- any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functions
- pushing the persons head forward into their chest
- compelling a person to comply through the infliction of pain, hyper extension of joints, applying pressure to the chest or joints

Prohibited practices also include any actions that are degrading or demeaning to the person, may reasonably be perceived by the person as harassment or vilification, or are unethical.

Unauthorised Use of a Restrictive Practice – the use of any practice that is not properly authorised, does not have validity, or does not adhere to requisite protocols and approvals.

Policy

Bilingual Care is committed to ensuring restrictive practices are only used as a last resort, in accordance with duty of care, legal, ethical and person-centred human rights care principles. Bilingual Care supports a restraint free approach and environment in line with its duty of care and ethical considerations.

Underpinning this policy is the fundamental right of every consumer, particularly those who are vulnerable due to comorbidities, to equal and full enjoyment of all human rights and fundamental freedoms without discrimination of any kind.

Bilingual Care promotes appropriate interventions that have been trialled prior to restrictive practices being investigated and implemented. Bilingual Care staff must always ensure consumers can move as desired as much as possible without causing harm to others, including being able to live the life they choose (including the right to take risks).

Procedures

Roles and Responsibilities

All staff and external professionals in consumers' multidisciplinary teams have a responsibility for the health and welfare of consumers. To ensure Bilingual Care's standards and commitments are delivered, the following responsibilities are assigned:

The Leadership Team is responsible for:

- promoting a multidisciplinary approach in the development and ongoing evaluation of the use of restrictive practices. This includes consulting with external health professionals for expert clinical advice, e.g. behaviour support specialist
- frequently reviewing restrictive practice strategies and analysing Bilingual Care's data regarding the use of restrictive practices and
- promoting best- and evidence-based practice, drawing on available resources for staff, consumers, and other stakeholders.

The Clinical Advisor is responsible for:

- conducting a risk assessment and developing consumers' *Behaviour Support Plans (BSPs)* in consultation with consumers, their regular medical officer and multidisciplinary team
- performing duties within with their scope of practice
- obtaining written informed consent, recorded in the consumer's *Care Plan* and *BSP*
- managing complications in accordance with medical directives and Bilingual Care's policies and procedures
- monitoring consumer documentation, including reviewing escalations that have occurred, including to external health professionals, in a timely manner
- ensuring support staff are appropriately qualified, trained and updated on relevant procedures, including completing relevant training
- reviewing BSPs every 3-6 months or after each behaviour episode
- seeking feedback from the consumer and their support network
- reporting serious incidents in accordance with SIRS Reporting requirements for any inappropriate use of restraint, and
- aiming to reduce or eliminate restrictive practice.

All staff are responsible for:

- recognising changes in consumers' health and reporting any changes to the Clinical Advisor
- supporting consumers who require behaviour support or restrictive practice management
- following consumers' *Behaviour Support Plans* and using restrictive practices only as outlined in the BSP
- monitoring and documenting each episode of use of restraint
- understanding why consumers have *Behaviour Support Plans*

- completing specific training prior to providing support for consumers in de-escalation and alternatives for behaviour management and
- following Bilingual Care's policies and procedures to ensure human rights and dignity alternatives to restrictive practice, legal obligations and reporting is met.

Medical practitioners are responsible for:

- assessing the individual as posing a risk of harm to themselves or others before prescribing psychotropic medications (chemical restraint) and must trial and document the results of alternative strategies in the consumer's clinical records
- assessing that the chemical restraint is necessary as a last resort
- discussing the proposed benefits, options and risks with consumer/representatives about medications and seek written informed consent before prescribing the medication which will then be documented in the individual BSP
- overseeing and regularly reviewing psychotropic medications (every 4-12 weeks) where prescribed with an aim of reducing or eliminating psychotropic medication use
- their own practice and working within their legal and professional responsibilities relating to their competence and
- working within their scope of practice of their professional body.

Visiting or external health professionals are responsible for:

- their own practice and working within their legal and professional responsibilities relating to their competence and
- working within their job description and the Code of Practice of their professional body.

Where staff breach this policy and procedure, disciplinary action may be taken in accordance with the *Performance Management Policy and Procedure*.

Staff Training, Development and Support

Staff implementing behaviour strategies or supporting consumers with challenging behaviours or restrictive practice must maintain up-to-date knowledge and understanding of best practice surrounding restricted practices.

Staff must not use restrictive practices without appropriate training in the safe use of the restriction, appropriate legislation and obligations that apply to its use, and the risks posed in using the restriction. The Clinical Advisor must ensure staff have this training and be satisfied of their competence in the practice prior to its use. This should include but is not limited to:

- identifying restraint free environments
- restraint free options
- identifying triggers to behaviours of concern
- definitions of restraint
- common misunderstandings about the use of restraint
- the safe, legal, and ethical use of restraint
- use of available assessment tools
- how to support and educate consumers and their support team
- health and safety issues related to behaviours causing concern and the decision to use restraint
- the safe use of specific restraints
- recognising and monitoring when restraint is being used by staff or requested by consumers
- responding appropriately to situations in a timely manner when restraint has been identified as in use and
- best practice developments in responding to challenging and changing behaviours.

See Bilingual Care's *Training and Development Policy and Procedure* for further detail on staff training and support.

The Least Restrictive Alternative

Bilingual Care recognises consumers' rights to services which are supportive and enable them to grow towards their fullest potential. To promote this, care and services provided by Bilingual Care will not be unduly restrictive on or intrusive into a consumer's lifestyle. A consumer will be given as much or as little support necessary to achieve their goals and/or tasks. Staff are to:

- provide support and supervision only to the extent that facilitates a consumer's personal safety and successful learning
- support consumers' access to their local community and encourage the use of community-based services (where applicable)
- promote opportunities for skill development in various areas. As consumers deteriorate, this need may decrease due to consumers' capacity decreasing, however will always be promoted where possible
- maximise consumers' independence and control over their lives
- follow individual plans which include strategies and activities to manage behaviours
- recognise consumer differences and work towards maximising their potential.

It is important to note that people with Dementia often have changes in their behaviours. They can be aggressive, shout, wander, change their sleep patterns or seem anxious. It is important that these changes in behaviour are understood, e.g. personality, history, likes and dislikes to manage these behaviours without medication and any other restrictive practice. See also Bilingual Care's *Dementia and Cognitive Decline Policy and Procedure*.

Where consumers are identified as presenting with wandering habits, staff are to use a person-centred approach where the intent is not to stop wandering but to reduce the associated risks, with staff identifying:

- triggers which initiate wandering
- if wandering is a problem, to whom
- any pattern associated with wandering
- ways to address the reasons for wandering and
- safe walking/wandering areas.

Restrictive Free Options

The Clinical Advisor will:

1. Undertake a *Consumer Risk Assessment* and *Environmental In-Home Risk Assessment* and to gather information for the delivery of safe and appropriate services.

2. Develop a *Care Plan* in collaboration with the consumer, their family/supporters and medical team in identifying risks and remedial strategies that are restrictive practice free options.

The following restrictive practice-free options can be considered and discussed with the consumer and their representative:

- assessing their home to gather necessary information to inform the delivery of appropriate services

- stop, look, and listen for triggers to changes in behaviours to know when to put in place distraction activities
- identify familiar household or gardening tasks to keep active
- organise with relatives or friends planned visiting times and coordinate regular outings if possible
- ensure a regular routine as far as possible to minimise anxiety, including review timing of meals, snacks, and other activities like showering
- ensure there is a private and safe room in the house so that a specific behaviour of concern does not become an issue
- avoid sensory overload – identify and minimise confusing sensory environments/loud or disliked music
- ensure adequate lighting, heating, cooling in the home environment
- use signs with pictures around the house to minimise confusion keeping in mind the dignity of the consumer and the appropriateness of pictures used
- ask for specific assistance to plan a possible arts and crafts activity program or a regular physical activity program
- identify at least one safe wandering area around the house which has easy access for safe movement
- identify triggers and patterns which initiate wandering and ways to address reasons for wandering – consider low noise bells or buzzers which sound when external doors are opened, trigger lights and pressure mats to identify movement
- discuss the need for respite and additional support and
- have staff:
    - monitor environmental changes
    - undertake early identification and assessment of 'at risk' consumers
    - undertake assessment and modification of care and services provided
    - undertake early identification of respite care options and
    - identify and action work health and safety matters.

Prior to Considering Restrictive Practices

Before considering the use of any type of restrictive practice, Bilingual Care must take the following steps:

1. The Clinical Advisor must complete a comprehensive assessment and include restraint free options in the consumer's *Care Plan*. The assessment must include:
    - examining the consumer and their relationships, including a physical and functional assessment and assessment of their mental state and cognitive functioning
    - a psychosocial assessment and
    - a physical environment assessment.

2. When providing care and services, to reduce the risk of using restraint, staff must follow these five checks to prevent or in response to challenging behaviours:
    - a pain management review
    - a continence review
    - offer food and fluids
    - reposition the consumer to reduce their risk of pressure injury and
    - engage the consumer in activity to reduce boredom – refer to their *Care Plan*.

3. If these options do not successfully to change the consumer's behaviour, staff must escalate the matter to the Clinical Advisor, who will consult with a health practitioner.

Falls Prevention

The use of restrictive practice can increase consumers' risk of falling and incurring harm from that fall. Preventing falls and any subsequent harm is a necessary component of a restraint free approach. Restrictive practice is not to be used as a first response to falls prevention and alternative strategies are to be implemented and trialled. Bilingual Care staff are to manage a consumer's health problems, ensure safe walking areas around a consumer's home and appropriate use of medicines to assist in falls prevention.

Voluntary Use of Restriction

Consumers may request to use a restrictive item, such as bed rails, to provide them with an enhanced feeling of safety or security. Where this has been an informed decision that is the consumer's choice, a discussion must occur regarding the risks involved. After the consumer understands and accepts, it should be recorded in writing and will not be considered a restraint. When a consumer cannot give informed consent, any device or action that interferes with their ability to make a decision, or which restricts their free movement, is restraint.

When Restrictive Practice is Used

Where staff have any concerns or questions about a consumer's safety involving restrictive practices, or their responsibilities, they must seek guidance from the Clinical Advisor.

1. Behaviour Support Plan (BSP) - informed consent must be obtained, documented and signed by the consumer and/or their legal representative to implement a BSP (BSP's are to be developed by a BSP Practitioner and appropriate staff training to be undertaken for effective implementation of the BSP). BSP's must be internally authorised by the Clinical Advisor prior to implementation.

2. Where an individual presents with behaviours of concerns related to an impaired condition e.g. Dementia, appropriate assessment must be undertaken. If it is recommended that a BSP should be developed, it should be done by a qualified health professional. The need for use of restraint is a collaborative clinical decision and requires a comprehensive assessment.

3. The BSP should identify at minimum:
    - objectives of the BSP
    - what the individual's strengths and goals are
    - reasons why challenging behaviours are displayed e.g.:
        - physical factors related to health / functional ability
        - cognitive status (mental state, mood, speech, thoughts)
        - relationships and interactions
        - communication (difficulty in being understood)
        - tasks (what they want to do or not to do)
        - physical environment (colours, climate, lighting etc)
    - how the environment can be changed and or improved
    - strategies for de-escalation of challenging behaviours i.e. teaching new skill, diversion activities to minimise challenging behaviours.

4. The BSP is to form part of the consumer's *Care Plan* and strategies should:
    - be orientated and focused on the individual
    - be outcome focused
    - address the individuals' needs and functions

- reduce or eliminate the restrictive practice over time
- be least restrictive and be used for the shortest length of time possible
- monitor the restraint while in use
- be regularly reviewed and evaluated in consultation with the consumer, their representative/supporter, regular GP and all other health professionals in the team involved with care.

5. The *Care Plan* must describe the type of restraint where used, time limit of the restraint, any changes while restraint is in use, any personal injury or adverse events and evaluation of the restraint used (when and by whom).

6. Restrictive practice where authorised to be in use is to be reviewed at least 3-monthly or sooner, where indicated.

7. Using a restrictive practice must be the last resort after trialling all reasonable alternatives.

8. When restrictive practice is used, ensure the correct restrictive practice is applied, monitor frequency, and adhere to observation requirements to ensure the consumer's comfort and safety.

9. Where a restricted practice is used after all possible means of de-escalation have been attempted in an **urgent or crisis situation**, it is an **unauthorised use** and constitutes an **incident**. See *Urgent Situations* below for further guidance. In this case, an *Incident Report Form* is to be completed as per Bilingual Care's *Incident Management Policy and Procedures*. Note: an incident involving restraint is a reportable incident under SIRS guidelines – see *Incidents* below for further guidance.

10. Where psychotropic medications (regular or PRN basis) are used to manage behaviours or psychological symptoms, informed consent must be obtained and documented, including medication consent.

11. Psychotropic Medication reviews and the *Medication Plan and Consent Form* is to be reviewed every 4 to 12 weeks. Reviews should document the consumer's behaviours and responses and evaluate with the aim of reducing the use of medication for this purpose.

12. Record keeping - all information on BSP's and data collected and recorded about a consumer's behaviour management must be kept on their consumer records in EziHealth. Documentation surrounding the use of any restrictive practice should address at minimum:
    - the type of restraint used – must be the least restrictive to achieve the consumer's objectives/goals
    - how long the restraint was used
    - monitoring and observation of the consumer while the restraint is in use
    - strategies used to protect the consumer from personal injury, harm, and adverse events and
    - review and evaluation of the restraint used.

Urgent/Emergency Situations

In the event of an urgent situation, a consumer may be restrained without consent:

- if their behaviour presents a risk of harm to themselves or others or

- to prevent an immediate crisis or ensure the immediate safety of all concerned.

An urgent situation or crisis response might be required in situations where:

- a consumer engages in a new behaviour or
- there is a previously unexpected degree of severity in the escalation of their behaviour and
- there is clear and immediate risk of harm linked to their behaviour and there is no *Behaviour Support Plan* in place to manage this.

In such circumstances, the use of unauthorised restrictive practice may be considered necessary under Bilingual Care's duty of care to manage the risk. This should only be used:

- AFTER all possible means to de-escalate the situation using non-restrictive strategies have been attempted
- if the minimum amount of restriction or force necessary is used with the least intrusion and
- when the strategy is applied, only for as long as it is necessary to manage the risk.

Where responses to an urgent situation or crisis response results in the use of a restrictive practice, it is an unauthorised use and constitutes an incident. This must be reported as per the *Consumer Incident Management Policy and Procedure* and is reportable as a SIRS incident.

Where it is anticipated the practice will be needed again, it must be reviewed for appropriateness and included in the consumer's *Behaviour Support Plan / Care Plan* following the required assessment and consultation processes.

Consent

Any decision to restrain a consumer carries significant ethical and legal responsibilities and informed consent must be obtained from them or their representative to implement restrictive practices.

A consumer's representative must have a relevant guardianship order or enduring power of attorney to have the legal capacity to consent to the use of restraint on a consumer. Note that a guardianship order or an enduring power of attorney may cover a limited range of matters not including decisions about restraint. In such cases, it might not be appropriate to involve the consumer's representative in making decisions about restraint.

Consultation must occur with the consumer, their legal representative, their regular medical officer, and other relevant health professionals, and authorised consent must be obtained prior to a decision to apply restraint.

In an emergency, where there is necessity to act urgently to safeguard the consumer or others (under duty of care), consultation may not be possible immediately but should be done within 24 hours of the restraint being implemented.

In all cases, the decision to restrict a consumer's voluntary movement or behaviour should only be made after weighing up all the risks of using restraint against the risk of not using the restraint. Bilingual Care will take all measures to:

- ensure consumers understand the risks and
- undertake ongoing evaluation of care needs and *Care Plans*.

The use of restrictive practices is to be documented in the consumer's *Care Plan* and

developed with the intention of improving the consumer's quality of life. Referral may be made, as required, to Dementia Behaviour Management Advisory Services (DBMAS) or similar, for additional behaviour management and restrictive practice-free strategies. Only when all restrictive free options have been exhausted and behaviour is escalating should a temporary and least restrictive form of restraint be considered. The need for use of restraint is a collaborative clinical decision and includes a comprehensive assessment.

Quality Use of Medicines

As per the *Medication Management Policy and Procedure*, Bilingual Care promotes monitoring and ongoing review of medicines, including for consumers with complex medicine regimes.

Medicines can contribute to harm, and inappropriate or incorrect use of medicines can have an adverse effect on consumers' health, including the increased risk of falls and confusion. Adverse medicine events, including unexpected reactions are to be reported as per the *Consumer Incident Management Policy and Procedure*.

Incident Management

Incidents relating to consumers' behaviour and restrictive practice should be actioned in accordance with Bilingual Care's *Consumer Incident Management Policy and Procedure* and *Open Disclosure Policy and Procedure*.

Reportable Incidents (SIRS)

The unauthorised or unreasonable use of restrictive practices which includes physical, chemical, environmental or mechanical restraint is a reportable incident under SIRS (Serious Incident Response Scheme). An incident involving restraint is reportable if not authorised, lacks proper clinical justification, causes harm, distress or discomfort, or is used as a form of punishment, coercion or convenience. Depending on the outcome, the SIRS report will be either:

- **Priority 1** - if the unauthorised restraint causes physical or psychological harm or distress, report within **24 hours**
- **Priority 2** - if no harm occurred but it was still unauthorised, report within **30 days**

For clarity, a restrictive practice in a home and community setting is <u>not</u> a reportable incident if all of the following occurred:

- the restrictive practice was used in a consumer's individual home or community setting AND
- the restrictive practice used was set out in the consumer's Behaviour Support Plan (BSP) and/or *Care Plan*, clearly documenting the circumstances when the restrictive practice may be used, AND
- the restrictive practice was used in accordance with the documented BSP/*Care Plan*, including how and when the restrictive practice can be used, AND
- the use of the restrictive practice was documented as soon as practicable after it was used

Incident records should detail important information to assist with reviewing consumers' behaviour and strategies. Areas which should be covered during investigation of incidents include:

- the incident of concern
- when the incident of concern occurred and who was present
- what was happening prior to the incident

- what happened during the incident and immediately after the incident
- what might have led to the incident
- whether it was another's behaviour that was a trigger and
- whether the consumer's behaviour was an attempt to communicate or an expression of unmet need.

Note that there may be more than one behaviour or trigger that needs to be considered.

As per Bilingual Care's *Consumer Incident Management Policy and Procedure,* consumers and (with their consent) their representatives, must be involved in the review of incidents that impact them, including where they involve the use of an unauthorised restrictive practice.

Record Keeping

Information and data collected and recorded about consumers behaviour management must comply with Bilingual Care's *Records and Information Management* and *Consumer Case Notes* policies and procedures.

Bilingual Care must keep a record of all consumers with a *Behaviour Support Plan*, all uses of restrictive practices, and all incidents relating to the use of restrictive practices. This will be reviewed at each Leadership Team meeting.

Information that must be recorded includes:

- a description of each use of a restrictive practice, including:
  - the impact on the consumer or another person
  - any injury to the consumer or another person and
  - why the restrictive practice was used
- a description of the behaviour of the consumer that lead to the use
- the time, date and place at which the use of the practice started and ended
- the names and contact details of the people involved in the use
- the names and contact details of any witnesses
- actions taken in response to the use
- any less restrictive options considered or used before using the restrictive practice and
- any actions taken leading up to the use, including any strategies used to prevent the need for the use of the practice.

Feedback, Complaints and Whistleblowing

Consumers, families/supporters and staff have the right to raise feedback, concerns or complaints about the use of restrictive practices at any time, without fear of retribution. All concerns will be taken seriously, managed respectfully, investigated appropriately, and addressed in line with incident management, open disclosure and continuous improvement processes.

Feedback and complaints may be raised directly with Bilingual Care through its feedback and complaints processes, or externally with the Aged Care Quality and Safety Commission, as per Bilingual Care's *Feedback and Complaints Policy and Procedure*.

Consumers, staff and other stakeholders also have access to confidential whistleblower options to report concerns about restrictive practices that may be unsafe, unreasonable, or inconsistent with legislation or policy – see Bilingual Care's *Whistleblower Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Care Review Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Dementia and Cognitive Decline Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*
- *Medication Management Policy and Procedure*
- *Open Disclosure Policy and Procedure*
- *Performance Management Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Training and Development Policy and Procedure*
- *Whistleblower Policy and Procedure*
- *Position Descriptions*
- *Behaviour Support Plans*
- *Care Plans*
- *Medication Plan and Consent Forms*

Monitoring and Review

This policy and procedure will be reviewed at least annually, or following any significant incident, by the Leadership Team. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Bilingual Care's feedback collection mechanisms, such as consumer satisfaction surveys, will assess:

- consumer and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them
- consumer and other stakeholder satisfaction with Bilingual Care's complaints processes and
- the extent to which consumers feel safe and protected in their dealings with Bilingual Care.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

DOCUMENT CONTROL

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