Date	Version	Policy Author	Comments
[redacted]			
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1.0 INTRODUCTION / SUMMARY OF POLICY

1.1 Background

Belfast Health & Social Care Trust has a duty of care to provide and maintain environments which are safe for all and comply with national and professional guidance. As a part of this there is often a requirement to balance the need for patients and staff safety against the need to ensure maximum freedom of movement for patients. This in turn places a duty on the Trust to establish clear policies to govern the practice of seclusion within clinical areas. Seclusion is considered a restraint/restrictive intervention. The Equality and Human Rights Commission (2019) states that:

'Restraint' is an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently.
Restraint includes chemical, mechanical and physical forms of control, coercion and enforced isolation, which may also be called 'restrictive interventions'.

The Belfast Health & Social Care Trust is committed to delivering the highest standards of Care, Welfare, Safety and Security to its service users, visitors and employees.

The Trust:

- Has a statutory responsibility to safeguard the welfare of all patients and service users who are in need of protection.
- Has a statutory responsibility to safeguard staff.
- Recognises a service user's behaviour can escalate to the point where restrictive interventions may be needed to protect the service user, staff or other users of the Trust from significant injury or harm, even if all best practice to prevent such escalation is deployed. Any action must be taken with an ethos of compassion and safety in accordance with Trust vision.

- Believes that the management of difficult and dangerous situations, is an activity requiring decency, honesty, humanity and respect for the rights of the service user, in their best interests and balanced against the risk of harm to themselves, staff and members of the public.
- Complies with law in that restrictive interventions should be proportionate to the risk presented, least restrictive, last resort, when it is reasonable to do so and where there has been appropriate training.
- That any restrictive action is short, timebound, reactive and used as a last resort.

1.2 Purpose

This Policy provides guidance for staff on the use of seclusion of a patient within the Psychiatric Intensive Care Unit (PICU) of the Acute Mental Health Inpatient Centre.

The procedure must not be used as a stand-alone document but in conjunction with relevant Trust policies and guidelines including:

- BHSCT Adverse Incident Reporting Policy (2018) TP 08/08
- BHSCT Rapid Tranquilisation Guideline for the Pharmacological Management of Violent and Aggressive Behaviour in Adults, Children and Young People in Inpatient Units (2017) SG 44/12
- BHSCT Manual Handling Policy and Procedural Arrangements (2018) TP 34/08
- BHSCT Observations Within Mental Health Inpatient Services (2020) SG 35/13
- BHSCT Patients' Dignity and Privacy within the hospital setting (2016) SG 17/08
- BHSCT Physical Intervention Procedure by staff from Mental Health and Learning Disability Services (Children and Adults) (2016) SG 41/16
- BHSCT Procedure for the Search of Patients, their Belongings, and the Environment of Care Within Adult Mental Health and Learning Disability Inpatient facilities (2016) SG 34/16
- BHSCT Use of Restrictive Practices in Adult & Children's Services (2015) TP 59/09
- Policy on the use of Closed Circuit Television (CCTV) in the Acute Mental Health Inpatient Centre
- Policy on the use of the Extra Care Area, PICU, Acute Mental Health Inpatient Centre
- Human Rights Act (1998)
- Mental Health Code of Practice, Department of Health, 2015
- Mental Health Order (Northern Ireland) Order 1986 Code of Practice
- National Institute for Health and Care Excellence (NICE) Guidelines, Guidance 25, Violence: the short-term management of disturbed/violent behaviour in psychiatric inpatient settings and emergency departments.

1.3 Objectives

- To provide clear guidance on the use of seclusion.
- To ensure that restrictive practices remain proportionate, least restrictive, last for no longer than necessary and take account of patient preference wherever possible (NICE NG10, 2015).
- To ensure inpatient areas have robust and transparent governance and audit processes that support, monitor, advise and report on the use of seclusion
- To meet and uphold the guiding principles of the Mental Health Order (N.I) 1986 Code of Practice. These are to:
  - Ensure the physical and emotional safety and wellbeing of the patient.
  - Ensure the patient receives the care and support rendered necessary by their seclusion both during and after it has taken place.
  - Designate a suitable environment that takes account of the patient's dignity and wellbeing.
  - Set out the roles and responsibilities of staff.
  - Set standards for the recording, monitoring and reviewing of the use of seclusion and any follow-up action.

2.0 SCOPE OF THE POLICY

This applies to all staff working within Belfast Health and Social Care Trust Acute Mental Health Inpatient Centre.

Seclusion should only be used in hospitals and in relation to patients detained under the Mental Health Order (NI) 1986. It applies to all patients cared for in seclusion at any time whether they are detained under the Mental Health Order (NI) 1986 or not. If an emergency situation arises involving a voluntary patient and, as a last resort, seclusion is necessary to prevent harm to others, then an assessment for an emergency application for detention under the Order should be undertaken immediately.

Although the act of placing a patient in seclusion cannot be planned for in advance, as part of their care or treatment plan planning should be made about how to support the patient working towards termination of seclusion once it has started.

Use of seclusion must be strictly monitored and recorded in accordance with the guidance provided in the Mental Health Order (NI) 1986 Code of Practice.

3.0 ROLES AND RESPONSIBILITIES

3.1 Co-Director, Mental Health Services

The Co-Director for Mental Health Services is responsible for:

- Ensuring compliance with this Procedure on the Use of Seclusion and associated strategies.
- Ensuring that the development or review of local procedures in relation to the Use of Seclusion within their directorate reflects the ethos of this procedure.
- Ensuring that where the use of seclusion is reasonably foreseeable in their service area that their staff teams are equipped with the knowledge and skills to understand and prevent crisis behaviour, make evidence based decisions regarding the use of seclusion and to facilitate clinical procedures, and provide staff training in the key competencies that supports the view that restraint is used as a last resort to manage risk behaviour associated with aggression, violence and acute behavioural disturbance.
- Ensuring that the Use of Seclusion within their Service group is appropriately recorded.
- Ensuring that all incidents involving the use of seclusion and are appropriately reported, investigated and monitored in line with the Trust's incident reporting procedure and that learning outcomes are implemented and shared across the Trust.

3.2 Line Managers

Line managers are responsible for:

- Fostering an environment where staff are committed to treating all service users with respect and dignity, to acknowledge unique needs of the individuals in their care, and their right to involve their carers and family where appropriate in decisions regarding the use of Seclusion.
- Providing local induction for new staff and mandatory training for all staff which includes information on this procedure and associated strategies and any subsequent reviews and updates to all staff.
- Communicating appropriate information about known relevant risks associated with the use of Seclusion to their staff and any others who may be affected.
- On-going monitoring and review of staff working practices with regards to the Seclusion Procedure, including adequate support for staff to transfer the skills acquired in training to the workplace.
- Keeping their Co-Director and Chair of Division under Collective Leadership informed of any significant risks or implementation difficulties.

3.3 All Staff

All staff are required to:

- Adhere to this Policy and associated strategies at all times whilst carrying out their role and support their line manager in achieving their role as detailed above.
- Ensure that their behaviour towards clients/patients reflects an understanding of individual need.

- Adhere to safe working practices in relation to the use of seclusion and report to their line manager if they are experiencing difficulties in adhering to these systems.
- Be aware of the potential impact of their behaviour and how this could precipitate or increase the use of seclusion.
- Record and communicate appropriate information about known relevant risks to colleagues and any others who may be affected. If in doubt about which information it is appropriate to share, staff should seek guidance from the senior nurse on duty or their line manager.
- Report all incidents involving the use of seclusion compliance with the Trust Adverse Incident Reporting Policy & this Proecdure.
- Reflect with colleagues on practice and learning following an incident and seek appropriate support for themselves or their colleagues if necessary.
- Ensure where seclusion is used that it is appropriately recorded.

3.4 Management of Aggression Team

The Management of Aggression team are responsible for:

- Providing Mandatory training for managing extreme risk behaviour and emergency holding skills.
- Providing advice and support to managers and staff who may be involved in the use of seclusion.
- Providing advice around Restraint reductive strategies to reduce the need for restrictive practices.
- Working closely with Managers and where appropriate assist with incident reviews/analysis.
- Monitoring all restrictive practices including use of seclusion facilities, via the Trust Adverse Incident Reporting System.

4.0 CONSULTATION

Service user Consultant.
Adult Mental health Staff.

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Dissemination

This procedure will be disseminated to all staff working with the Acute Mental Health Inpatient Centre, Belfast City Hospital.

5.2 Resources

All staff expected to use seclusion as determined by risk assessment and the Mental Health Inpatient Centre's operational policy must receive Seclusion Awareness Training.

Training will include appropriate monitoring arrangements for patients placed in seclusion and awareness of the legal framework that authorises seclusion.

A seclusion awareness training package is available to be cascaded in teams by the Nurse Development Lead for the Acute Mental Health Inpatient Centre and Deputy Charge Nurse/Ward Sister of each ward. Staff should undertake an update in training every three years or in line with a significant policy change.

The Trust will ensure that all staff have access to appropriate levels of training and it is the responsibility of the Assistant Service Manager for the Acute Mental Health Inpatient Centre to ensure staff attend.

A training needs analysis will identify what levels of training staff require. Training will be updated/repeated if identified through supervision or if there have been any significant changes to practice and/or policy.

All staff involved in the administration, prescribing and monitoring of a patient receiving seclusion must receive training to a minimum in In-Hospital Life Support or Immediate Life Support.

The Management of Aggression Team will provide mandatory training in the Management of Actual and Potential Aggression (MAPA). Staff are required to complete an update course every 12 months

5.3 Exceptions

This procedure only applies to the Psychiatric Intensive Care Unit of the Acute Mental Health Inpatient Centre (Ward 4).

5.4 Definitions

Seclusion is defined as "the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others. If a patient is confined in any way that meets the definition above, even if they have agreed to or requested such confinement, they have been secluded and the use of any local or alternative terms (such as 'therapeutic isolation') or the conditions of the immediate environment do not change the fact that the patient has been secluded." Mental Health Code of Practice, Department of Health, 2015.

5.5 Key Statement(s)

- Belfast Trust is committed to delivering safe, high quality and compassionate services. Employees are expected to deliver services and behave in a manner that is compatible with this commitment. Belfast Trust expects all employees to treat others with dignity and respect whether it be service users, carers, visitors or colleagues.

- Belfast Trust is committed to carrying out its functions in line with the core principles and values that underline human rights legislation namely Freedom, Respect, Equality, Dignity and Autonomy (FREDA). Staff should use FREDA principles to red flag any behaviour that is not compatible with the Trust ethos of delivering safe, quality and compassionate care or which violates our equality and human rights statutory commitments.
- All employees will make every effort to ensure that human rights are protected, that respect for human rights, is part of day to day work and that human rights are an integral part of all actions and decision making. The Trust will keep human rights considerations, relevant legislation and previous judicial reviews at the core of decision-making
- The decision to use seclusion will be robustly documented with explicit reference to human rights and with particular reference to issues relating to proportionality, necessity and the legitimacy of the aim which deprivation of liberty (seclusion) causes

5.6 Human Rights Act, 1998

In addition to anti-discrimination legislation Belfast Health & Social Care Trust employees have a duty to deliver services in a manner that meets our statutory equality, human rights and good relations duties. These duties include:

5.7 Section 75 of the NI Act 1998

- Promotion of Equality of Opportunity in relation to the nine equality categories
- Promotion of Good Relations between persons of different religious belief; political opinion; and racial group

Section 49A of the Disability Discrimination Act 1995

- Promotion of positive attitudes towards disabled persons
- Encouraging the participation by disabled persons in public life.

Duty to respect, protect and fulfil rights outlined in the Human Rights Act 1998 including:

- Article 2 - the right to life
- Article 3 - the right not to be tortured or inhumanly or degradingly treated or punished
- Article 5 - the right to liberty and security of the person
- Article 8 - the right to respect for one's private and family life, correspondence and home
- Article 14 - protection from discrimination

United Nations (UN) International Covenant on Economic, Social and Cultural Rights (ICESCR) [UK ratification 1976], which includes the right to the highest attainable standard of health

The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD), which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all service user's with disabilities and to promote respect for their inherent dignity.

Accessible, inclusive and welcoming services is a fundamental principle for the Belfast Trust. When information is provided to patients, service users and their carers/families reasonable alternative formats such as easy read for those with learning disabilities and large print for those with visual impairments will be provided when required. If a patients, service users or their carers/families do not have English as a first language interpreters/ translations will be provided. Belfast Trust, as an employer and all employees will be mindful of any reasonable adjustments required in the implementation of this policy for patients, service users, carers and staff.Use of restrictive interventions must be undertaken in a manner that complies with the Law, Health and Safety Legislation, Human Rights Act 1998 and the relevant rights in the European Convention on Human Rights.

The key issue is to ensure that there is proper justification for seclusion whenever it is used, given that the use of seclusion may constitute a breach of an individual's right to a private life under Article 8. Similarly, unjustified seclusion may give rise to a claim for breach of the right to liberty under Article 5, when the patient is not a detained patient under the Mental Health (Northern Ireland) Order 1986.The importance of Article 3, which protects the individual from inhuman and degrading treatment and torture must be recognised and reflected in clinical practice at all times.

Seclusion should only be used in hospitals and in relation to patients detained under the Mental Health Order (NI) 1986. If an emergency situation arises involving a voluntary patient and, as a last resort, seclusion is necessary to prevent harm to others, then an assessment for an emergency application for detention under the Order should be undertaken immediately.

Seclusion should only be used where de-escalation measures alone have proved insufficient. It should be used as a last resort and for the shortest length of time possible.

Consideration should be given to the gender of the observer informed by the patient's trauma history and issues of dignity and privacy.

Where possible when determining if seclusion is necessary, the following factors should be taken into account:

- Clinical need
- Safety of patient and others, and, where possible,
- Personal safety plan and agreed care plans.

Seclusion must be a reasonable and proportionate response to the risk posed by the patient. Consideration should be given to using Seclusion and/or Rapid

Tranquillisation as alternatives to prolonged physical intervention as identified in each individuals care plan, as indicated by individual risk assessment.

Where the patient poses a risk of self-harm as well as harm to others, seclusion should be used only when the professionals involved are satisfied that the need to protect other people outweighs any increased risk to the patient's health or safety and that any such risk can be managed.

Seclusion should **not** be used:

- As a punishment or threat
- As part of a treatment programme
- Because of staff shortages
- Where there is a risk of suicide or serious self-harm or as the sole management of serious self-harm
- As sole management of violent or aggressive behaviour

5.8 Policy Principles

5.8.1 Seclusion Room

Seclusion should only occur in the designated seclusion room located within the Psychiatric Intensive Care Unit (PICU) of the BHSCT Acute Mental Health Inpatient Centre.

It is only for use by patients who have been admitted to the PICU. Should a patient require seclusion they must have their bed retained for return to post-seclusion. This also applies should a patient be transferred to the Extra Care Area post-seclusion and prior to reintegrating on to the general ward environment.

The seclusion room should be fully functioning and regular checks should be carried out on the condition and suitability of the room. See Appendices 1 & 2.

The door to seclusion must be opened and locked with the Salto electronic pass. An over-ride key will be stored in the Seclusion Observation Room in the event the electronic lock fails to operate.

5.8.2 Commencement of Seclusion

A. Decision to seclude

The decision to use seclusion can be made in the first instance by a Doctor and/or the Nurse in charge

If a doctor was not involved in the decision to seclude, the ward doctor or a duty doctor will complete the first medical review within **one hour** of the commencement of seclusion

If the patient is new to the service or there are concerns regarding the patient's physical presentation then the first medical review must be undertaken immediately.

The Nurse in Charge will ensure that an incident form (Datix) and the Seclusion Record Form are completed at the time of seclusion. The nurse involved in the decision to seclude or who witnessed the seclusion should complete the incident form and it should detail events prior to, during and immediately after the seclusion process. The reference number of incident should be included in patient's progress notes.

Where the decision to seclude is taken by the Psychiatrist the first medical review will be the review they took immediately before authorising seclusion; (I a medical review within the hour will not be necessary in this instance).

Where seclusion is so short that the doctor involved with the care of the patient or duty doctor (or equivalent) does not visit before seclusion has ended then this must be written onto the Seclusion Record. The Duty Dr should still attend and carry out a review of the patient.

During the hours of 0900hrs and 1700hrs the ward must inform the Senior Nurse Manager when a patient has been secluded, or as soon as is practicable. The Senior Nurse Manager will make arrangements to attend the seclusion or agree to delegate to the Charge Nurse/Ward Sister or equivalent of PICU.

Between the hours of 1700hrs and 2100hrs the Nurse in charge of the ward must inform the Mental Health Inpatient Centre Duty Nurse Co-ordinator or between 2100hrs and 0800hrs the Night Co-ordinator.

The Mental Health Inpatient Centre Duty Nurse Co-ordinator/Night Co-Ordinator will make arrangements to attend the seclusion initiation and reviews. In exceptional circumstances it may be necessary to delegate this responsibility to another Band 6 or Band 7 nurse on site – the reasons for this should be recorded on the seclusion documentation.

The Senior Manager on-call (8A) should only be contacted in exceptional circumstances.

The Night Co-Ordinator will forward a handover proforma to the Assistant Service Manager and Senior Nurse Manager outlining the seclusion episode.

Seclusion will be for the shortest time possible and will be reviewed at least **every two hours.** The patient will be made aware that reviews will take place at least every two hours.

An initial multi-disciplinary review of the need for seclusion will be carried out as soon as practicable after the seclusion begins. If the patient is secluded for more than 8 hours consecutively, or, 12 hours over a period of 48 hours, then there will be a further independent multidisciplinary review by professionals who were not involved in the incident that lead to the seclusion.

B. Search

Before a patient is placed in seclusion they should be searched and this should be documented in both the Search Form and the patient's progress

notes including a record of all items that were removed, along with risk related reasons as to why the items were removed.

In the first instance when initiating seclusion a patient's belt should be removed and pockets should be emptied. If a patient is demonstrating self-harming behaviour or causing damage to the seclusion room then staff should consider the removal of ligatures such as cords/hoodies/laces, metal objects, wallets/purses and ear-rings.

A patient in seclusion will be allowed to keep personal items of religious or cultural significance (such as items of jewellery) as long as they do not compromise their safety or the safety of others. Where clothes/jewellery need to be removed this will be done by staff members of the same gender as the patient, where possible and in a manner which preserves dignity and maintains safety. This may be pre-planned in terms of a MAPA team approach and should be addressed in the care plan and consideration to entry and egress should be taken.

Staff should refer to the *Procedure for the Search of Patient's, their Belongings, and the Environment of Care Within Adult Mental Health and Learning Disability Inpatient facilities.*

C. Bedding and Clothing

In order to minimise the risk of harm, the bedding allowed to be used during seclusion will be tear resistant seclusion blankets and pillow. Under no circumstances should other bedding such as standard sheets or pillows be used during an episode of seclusion. The bed is a fixed bed and the only mattress allowed to be used will be a tear resistant, foam filled seclusion room mattress.

Under no circumstances will furniture be placed in the seclusion room.

A patient's clothes will only be removed when they are secluded if it is felt that this may compromise their safety and the safety of others, based on risk assessment. Alternative seclusion clothing that is provided must be anti-tear and will be considered only on an individual patient basis. A clinical judgement will be made concerning what clothing or other items the patient is able to keep during the episode of seclusion.

Seclusion clothing used must be kept solely for this purpose and if to be reused it should be laundered in the PICU laundry room after each use. If the clothing is soiled, bloody or from a patient with an infection the seclusion clothing should still washed at local level in a bio-degradable laundry bag as per infection control guidelines

5.8.3 Observation of Seclusion

A patient in seclusion should be monitored at all times to ensure that seclusion can be terminated as soon as possible.

Upon the commencement of seclusion the Nurse in Charge must ensure a suitably skilled professional, competent to carry out visual observations, is positioned inside the seclusion observation room at all times.

This should be a member of staff of Band 3 or above who has completed training in seclusion and MAPA.

Consideration must be given to the gender of staff and the effects on the patient of observation (particularly in the case of sexual disinhibition, extreme paranoia etc.) Specific details must be determined on an individual basis and must be documented by a member of the medical team.

The Nurse in Charge will ensure that the observing nurse does not undertake a period of continuous observation within eyesight for an uninterrupted period of longer than **one hour**.

Observing staff should have the means to summon urgent assistance from other staff at any point through the use of their personal alarm or nurse call system.

Staff who carry out observation should:

- Engage positively with the patient.
- Be familiar with the ward, ward policy for emergency procedures and potential environmental risks
- Be appropriately briefed about the patient's history, background, risk factors and needs
- Be able to increase or decrease the level of engagement based on their judgement of the patient's presentation.

If a patient's condition causes concern, the Nurse in Charge must act appropriately. This may include entering seclusion, summoning medical assistance, carrying out physical observations, providing additional or as required medication. In the event of a medical emergency staff should adhere to the policy on Crash Call and summon assistance via 999. See *Medical Emergencies protocol.*

Where a patient appears to be asleep in seclusion, the staff member observing the patient should be alert to and assess the level of consciousness and respirations of the patient.

Meals and drinks must be provided as usual, with consideration given to the crockery and utensils used to minimise risk . E.g. plastic beakers and plates, non-metallic cutlery. The offering of meals and drinks and compliance/refusal with regard to meals and drinks must be documented in the Seclusion Record of Observation form and on Paris.

A full handover must be provided when staff carrying out observations change. This must include:

- Condition and behaviour of the patient
- Effectiveness, or not, of medication

- Meals and fluids accepted/refused
- Physical observations recorded on a NEWS chart
- An update to the review process

Unregistered staff (Band 3) should not hand over to another unregistered staff member (Band 3). They should always hand over to a registered staff member Band 5 and above.

When handing over responsibility for observation the member of staff handing over will make an entry of who they are handing over to and the patient's current state. This will be entered on the Record of Observation Form.

Staff must respond to any display of self-injurious behaviour that compromises patient safety.

5.8.4 Documentation

The Seclusion records as a minimum should include:

- Details of who authorised the seclusion
- The date and time of commencement and reason(s) for seclusion
- Details of items taken into the seclusion room
- If/when a carer/relative and/or advocate was informed of the commencement
- Recorded observations at 15 minute intervals
- Who undertook nursing reviews and what was observed
- Who undertook medical, internal MDT and independent MDT reviews and what was observed and recommended
- Date and time seclusion was terminated and who authorised this.

5.8.5 Seclusion Record of Observation Form (see Appendix 3)

It is the responsibility of the member of staff observing the patient in seclusion to document **every 15 minutes** a written record of the visual observations in the *Seclusion Record of Observation* Form. This should include, where applicable:

- The patient's appearance
- What they are doing and saying
- Their mood
- Their level of awareness and any evidence of physical health especially with regard to their breathing, pallor or cyanosis

5.8.6 Record of Seclusion Form (see Appendix 4)

The Record of Seclusion Form should be completed by the Nurse in Charge.

This includes:

- Time and date of when seclusion was initiated
- A description of events leading to seclusion being initiated
- What items of property were removed and if a search was necessary
- Was MAPA used to transfer the patient safely to seclusion
- The Consultant Psychiatrist or Duty Doctor details
- The Assistant Service Manager details
- The Senior Nurse Manager details or Night Co-ordinator details

- Patient consent on sharing with family member/carer
- Seclusion Care Plan
- Physical Observations monitoring
- Time and date when seclusion was terminated

5.8.7 Review of Seclusion Form (see Appendix 5)
The purpose of the review is to assess the patient's safety and well-being, reassess their mental state and to check any improvements in their condition which would justify termination of seclusion. The nurse in Charge should ensure there is Review of Seclusion Form completed for each review. See section 4.3.9 for review processes.

5.8.8 Food and Fluid Chart
This must be completed for every patient who enters seclusion to ensure that they are adequately maintaining food and fluid.

5.8.9 Medication Chart
When seclusion is commenced the patient's medication chart must be brought to seclusion in order for the patient to receive prescribed treatment, and chart is accurately completed to NMC standards to avoid medication errors.

5.8.10 Observation Chart for NEWS
This is essential to monitor patient's physical health at every review. Seclusion is the most restrictive practice and it is likely a patient has received rapid tranquilisation therefore physical monitoring is paramount to prevent any deterioration.

5.8.11 Entry in Patient's Progress Notes
Staff should document all reviews in patient's progress notes with the outcome of the review and those who were present.

An entry must be made in the patient's progress notes on the termination of seclusion.

The progress note entry should also include evidence of a debrief with the patient in regards to the events and decisions that led to their seclusion.

5.8.12 Access and egress
It will be necessary for staff to enter and exit the seclusion room either as:
- A planned occasion

or
- Unplanned occasion

Planned occasions include such events as review of seclusion, to administer medications, offer food and drinks, personal hygiene etc.

Unplanned occasions include response to the patient's observed clinical presentation, response to rapid tranquilisation, physical wellbeing and any risk to the patient's health, safety and wellbeing.

In the event that a patient's head becomes covered, staff must enter the seclusion room immediately or at the earliest and safest opportunity. Such a scenario should be treated as an emergency and staff should call for urgent assistance from colleagues if necessary.

In the event of any identified risk to the patient, the seclusion room must be entered at the earliest and safest opportunity taking into account any risk to the staff.

Adequate call facilities should be available to staff observing a patient in these circumstances.

Additional resources may be needed if the risk posed by the patient is greater than the current staff in situ. Whilst awaiting assistance the continuous observation and engagement of the patient must continue to enable a full assessment of the presenting risks.

Seclusion room entry and egress are techniques which are covered in the Management of Actual and Potential Aggression training. The application of these techniques must be considered and prepared prior to entry of the seclusion room.

5.9 Care Planning

Patients should be given the opportunity to become involved in their treatment, including the short term management of disturbed/violent behaviour though a **seclusion care plan** – See Appendix 6. A risk assessment should be completed to identify those people at risk of disturbed/violent behaviour.

If the patient is unwilling or unable to contribute to the development of the plan then the plan should be explained to them.

The patient should be provided with a copy of their care plan unless clinically contra-indicated with such decisions to withhold care plans documented in the patient's healthcare record.

The seclusion care plans should be reviewed at each use of seclusion and reassessed at each review of seclusion to ensure it meets all identified needs.

Reintegration into the general ward environment will be reflected in the seclusion care plan to ensure it is effective and monitored. Given the potentially traumatising effect of seclusion, care plans should provide details of the support that will be provided when seclusion is discontinued.

The seclusion care plan should include the following as a minimum:

- Assessment and management of risks presented
- Steps to be taken towards the safe termination of seclusion as soon as is practicable
- The patient's communication needs

- Clothing/bedding needs
- Any reviews of medication required
- Details of access to personal hygiene/toileting facilities
- Details of access to or restrictions to eating utensils and reading materials
- Assessment of fluid and nutritional needs – note that fluids should be offered to the patient every hour and recorded on a fluid balance chart if fluid input is considered a specific physical need or concern.
- The monitoring of a patient's physical condition where parenteral medication (either depot or emergency medication or rapid tranquilisation) has been or is due to be administered
- The minimum number of staff that are required to enter the seclusion room – note it is considered good practice that there should normally be a minimum of three staff present before the seclusion room door is opened to a secluded patient
- Reference to a positive behavioural support plan or advanced statement
- The patient's views regarding his/her being secluded
- Information about how relatives or carers are to be kept informed.

5.10 Review of seclusion

The purpose of reviews are to provide an opportunity to determine whether seclusion needs to continue or should be stopped, as well as to review the patient's mental and physical state.

There are several reviews that have been identified that should occur as part of seclusion reviews:

- Nursing reviews
- Medical reviews
- Inter Multi-disciplinary Team reviews
- Independent MDT reviews
- Reviews during the night

Reviews should be held within the seclusion room/area but only when it is considered therapeutic and/or safe to do so.

The names and designations of all staff entering the seclusion room will be recorded on the seclusion record.

5.11 Nursing Reviews

Nursing reviews of the secluded patient should take place at least **every two hours** following the commencement of seclusion. These should be undertaken by two individuals who are registered nurses, and at least one of them should not have been involved directly in the decision to seclude.

The outcome of these nursing reviews should be recorded in the patient's healthcare record.

Any concerns regarding the patient's physical or mental condition should be brought to the immediate attention of the patient's Responsible Medical Officer or duty doctor.

For nursing reviews during the night see Night Time Reviews.

5.12 Medical Reviews

Unless seclusion was authorised by a psychiatrist, a seclusion review will be undertaken by a doctor within the **first hour** of seclusion commencing, or without delay if the patient is newly admitted, not well known, or if there is a significant change in their usual presentation.

If after the first medical review the decision is that seclusion should continue then a seclusion care plan should be developed in collaboration with nursing staff.

The Trust has determined that all medical doctors, irrespective of grade, or level of registration will be considered competent to undertake medical reviews on the provision that they meet the following criteria:

- Have read this Policy
- Have access to senior medical (consultant) advice at all times
- Have access to senior nursing advice at all times

Medical reviews will take place every **four hours** from the commencement of seclusion until the first Internal Multi-disciplinary Team review takes place.

Following this first Internal Multi-Disciplinary Team review further medical reviews should continue at least twice in every 24hr period if the patient remains secluded

At least one of these twice daily reviews should be by the patient's Consultant Psychiatrist, or on-call Consultant out-of-hours.

The outcome of the medical reviews should be recorded in the patient's Paris record.

Medical reviews should be carried out in person and provide the opportunity to evaluate and amend the seclusion care plan. Such reviews should:

- Review the patient's physical and mental health
- Assess any adverse effects of medication
- Review the level of clinical observations required
- Reassess prescribed medication
- Assess the level of risk to others
- Assess risk of deliberate or accidental self-harm
- Assess the need for the continuation of seclusion

5.13 Multi-disciplinary Team Reviews

The Internal Multi-Disciplinary Team should review the patient as soon as is practicable. This should be **within 24 hours** of seclusion commencing.

MDT reviews will take place **once in every 24-hour period of continuous seclusion.**

Membership of this Internal MDT will include a Consultant Psychiatrist, the Charge Nurse/Ward Sister of the ward, and staff from other disciplines normally involved in the patient's care.

At weekends or public holidays the membership of this review team can be limited to an on-call Consultant Psychiatrist and the Nurse in Charge on duty, who together should hold a joint review.

These reviews should evaluate and make amendments to the seclusion care plan.

The outcome of the MDT reviews should be recorded in the patient's healthcare record.

5.14 Independent Multi-disciplinary Team Reviews

If the period of seclusion continues for longer than 8hrs consecutively or 12hrs intermittently during a 48hr period then an independent MDT review should be undertaken.

This review should be undertaken by the end of the next working day after commencement of seclusion.

Membership of this independent MDT will include a Consultant Psychiatrist, a senior nurse, other professionals not involved in the decision to seclude and an Advocate if available and if the patient has one.

It is good practice for this team to consult with staff involved in the decision to authorise seclusion wherever possible.

These reviews should evaluate and make recommendations, as appropriate, for amendments to the seclusion care plan.

The outcome of the independent MDT reviews should be recorded in the patient's Paris record.

5.15 Night Time Reviews

The Trust recognises the value in allowing patients periods of uninterrupted sleep and the potentially disturbing nature of reviews during the night.

Where a patient appears to be sleeping, a clinical judgement needs to be made on whether it is appropriate to wake them for a medical review. In such

instances the doctor's attendance for the medical review may be replaced by a telephone review with the Nurse in Charge of the ward.

The decision to hold a telephone review needs to be agreed jointly by the doctor and Nurse in Charge of the ward and may only be agreed on an individual basis subject to the patient being asleep at the time the review is due. In the absence of a positive decision to have a telephone review, **the default position will be that the doctor attends for the medical review**.

When there are specific concerns around the physical health of the patient, the default position of the doctor attending for medical reviews should continue during the night. If the patient is asleep these reviews should be carried out in such a way that the doctor can satisfy themselves that the patient is safe and that any concerns for physical health and wellbeing can be addressed safely.

When the patient is asleep, the two hour nursing reviews should be carried out in such a way that the registered nurse can satisfy themselves that the patient is safe and there are signs of life.

5.16 Termination of Seclusion

The patient must remain in seclusion **only as long as absolutely necessary**. Seclusion should be terminated immediately when it is determined that it is no longer warranted. It can be ended by:

- The Nurse in Charge of the ward in consultation with the patient's Consultant Psychiatrist or duty doctor (either in person or by telephone)
- Following an internal or independent multi-disciplinary review
- Following a medical review

The end of seclusion must be recorded on the Seclusion Record of Observation form by the Nurse in Charge.

Opening a door for short periods (e.g. food breaks, medical, nursing or MDT reviews) does not constitute an end to seclusion.

The Nurse in Charge of the ward should ensure that there is a care plan in place, informed by a risk assessment, for the safe management and support of the patient on the ending of seclusion.

Consideration should be given to nursing the patient in the Extra Care Area post-seclusion to allow for the phased reintegration into the general ward environment.

Following seclusion the Nurse in Charge should make arrangements to have the seclusion room cleaned.

5.17 Post Incident Review

Following all episodes of seclusion there should be a post-incident review/de-brief to ensure organizational learning and support for all parties involved, including patients.

The aim of a post incident review should be to seek to learn lessons, support staff and patients and to encourage the therapeutic relationship between staff and patients.

A post incident review should take place as soon as possible after the incident has ended. If possible a person not involved in the incident will lead the review.

The review should address:

- What happened during the incident?
- Any trigger factors and early warning signs
- Each person's role in the incident
- Their feelings at the time of the incident, at the review and how they may feel in the near future, including what can be done to address any concerns
- The secluded patient's views about the incident, which should be documented in the patient's notes
- A debrief should also be facilitated for all the other patients on the ward who were not involved in the incident.

The patient and their nearest relative should be provided with an information leaflet on seclusion and staff should answer any queries they may have.

5.18 Rapid tranquilisation

If a patient in seclusion has been sedated or received emergency intra-muscular medication then a care plan will be formulated to monitor the physical condition of then patient.

This should be in accordance with the Trust policy on the *Rapid Tranquilisation Guideline for the Pharmacological Management of Violent and Aggressive Behaviour in Adults, Children and Young People in Inpatient Units* and include:

- The monitoring of the patient's blood pressure, temperature, pulse, respiration, degree of movement and response to verbal or tactile stimulation
- Attempts, whether successful or not, to measure the patient's vital signs must be recorded on a NEWS chart and in the patient's healthcare record
- A pulse oximeter should be available.

5.19 CCTV

The aim of CCTV is to enhance safety of patients and staff within seclusion rooms.

The installation of CCTV does **not** replace the usual observations employed by staff and is to enhance the observation of activity and increase the safety and security of persons within the seclusion area.

Monitors are situated within the seclusion observation room as an additional tool to observe areas that would usually be more difficult to see.

Staff should refer to the policy and local protocols relating to use of CCTV – *BHSCT CCTV Code of Practice and the Policy on the Use of Closed Circuit Television (CCTV) in the Acute Mental Health Inpatient Centre.*

5.20 Emergencies

A. Fire evacuation
In the event of the fire alarm sounding staff undertaking seclusion observation should in the first instance contact the Nurse in Charge to ascertain the emergency and take direction from the nominated fire officer.

If staff are required to evacuate the unit they should adhere to Appendix 7 – *Protocol in Case of Fire and the Evacuation procedure for Ward 4, PICU.*

Where there is immediate risk to life then seclusion should be terminated and the patient should be escorted to the nearest fire assembly point. At least three staff should be present when the seclusion door is opened and assistance from other staff should be requested.

B. Medical emergency
All nursing staff are required to be trained in In-Hospital Life Support and attend an update at least every two years. In the event of a crash call staff must phone 999 and request the assistance of the ambulance service. Staff should adhere to the *Medical Emergencies Pathway.*

6.0 MONITORING AND REVIEW

An audit of the policy implementation will be carried out on an annual basis. Each episode of seclusion will be reviewed by AMHIC Management team, trends will be monitored via Mortality and Morbidity monthly meetings. Also monitored externally by RQIA.

7.0 EVIDENCE BASE/REFERENCES

- Mental Health (Northern Ireland) Order 1986, Code of Practice, Department of Health & Social Services, 1992
- Mental Health Act 1983: Code of Practice, Department of Health, 2015
- NAPICU position on the monitoring, regulation and recording of the extra care area, seclusion and long-term segregation use in the context of the Mental Health Act 1983: Code of Practice (2015), NAPICU 2016.

- National Institute for Clinical Excellence. Violence – The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments, 2005.
- National Institute for Health and Care Excellence (NICE) Guidelines, Guidance 25, Violence: the short-term management of disturbed/violent behaviour in psychiatric inpatient settings and emergency departments.
- National Institute for Health Research: Seclusion and Psychiatric Intensive Care Evaluation Study (SPICES): combined qualitative and quantitative approaches to the uses and outcomes of coercive practices in mental health services, Vol.5, Issue 21, June 2017

8.0 APPENDICES

Appendix 1 Seclusion Room Physical Environment
Appendix 2 Seclusion Room Checklist Fit For Use
Appendix 2B Stock Check incl. Emergency Equipment
Appendix 3 Record of Observation Form
Appendix 4 Record of Seclusion Form
Appendix 5 Seclusion Review Form
Appendix 6 Seclusion Care Plan
Appendix 7 Protocol in case of fire
Appendix 8 Seclusion Flowcharts
Appendix 9 Medical Emergencies Pathway

9.0 EQUALITY IMPACT ASSESSMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this **link**.

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact ☐
Minor impact ☐
No impact ☒

Wording within this section must not be removed

10.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to militate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this **link**.
If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved ☒
A full data protection impact assessment is required ☐
A full data protection impact assessment is not required ☐

Wording within this section must not be removed.

11.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this **link**.

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

12.0 REASONABLE ADJUSTMENT ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access,

communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

[redacted]

13/10/2020

Date: _____

Policy Author

[redacted]

11/11/2020

Date: _____

Director

Appendix 1 - Seclusion Room Physical Environment

The following factors should be taken into account regarding the seclusion room:

- The room should allow for communication with the patient when they are in the room and the door is locked, e.g. via an intercom.
- Rooms should include limited furnishings which should include a bed, pillow, mattress and blanket or covering
- There should be no apparent safety hazards
- Rooms should have robust, reinforced windows that provide natural light (where possible the window should be positioned to enable a view outside)
- Rooms should have externally controlled lighting, including a main light and subdued lighting for night time
- Rooms should have robust doors that open outwards
- Rooms should have externally controlled heating and/or air conditioning, which enables those observing the patient to monitor the room temperature
- Rooms should not have blind spots and alternate viewing panels should be available where required
- A clock should always be visible to the patient from within the room
- The room will have access to toilet and washing facilities.

Regular checks should be carried out on the condition and suitability of the seclusion room – *see Appendix 2 – Seclusion Room Checklist Fit For Use.*

Appendix 2 - Seclusion Room Checklist Fit For Use

To be completed following each seclusion episode or once a week if seclusion not utilised

Date:		Time:	

Satisfactory?	Yes/No	Comments:
Cleanliness		
Lighting		
Ventilation		
Heating		
Clock		

Assessment of?	
Door frames	
Vision panels	
Skirting/window frames	
Flooring	
Windows	

Any other damage?
Remedial action taken -
Signed By:
Print Name:
Date:

File in folder in seclusion observation room.

Appendix 2B – Seclusion Room Stock Check incl. Emergency Equipment

To be completed following each seclusion episode or once a week if seclusion not utilised

Item	Min. Stock Number	Number Present	Comments/Action
Manual sphygmomanometer With small, medium, large and extra-large cuffs	1		
Stethoscope	1		
Pulse oximeter	1		
Gloves Small, medium, large and extra large	1		
Disposable Aprons	1		
Disposal PPE Suits	1		
Goggles	1		
Seclusion Blankets	1		

Appendix 3 – Seclusion Record of Observation Form

Page: __ of __

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Date seclusion initiated:	Seclusion number:
Time seclusion initiated:	H&C number:
Patient Name:	Ward:

Date/Time of entry (24hr clock)	**Observations** A documented report **must** be made at least **every 15 minutes** or more frequently if required (including during reviews etc.). Note patient's behaviour, concordance, communication, mental state, personal hygiene, physical observations, therapeutic interventions, food and fluid intake.	Name (print name in full)	Signature	Designation (print)

The entry recording the end of seclusion must be made by the Nurse in Charge of seclusion

Appendix 4 – Record of Seclusion Form

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Patient Name:	D.O.B:
Ward:	Date of completion:
Date seclusion commenced:	Time seclusion commenced:
Name of professional initiating seclusion (doctor, nurse):- Print Name: Signature: Designation:	
Describe events leading to the initiation of seclusion: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Please indicate what the patient took into the seclusion room e.g. clothing, shoes, personal items:	
Please indicate which potentially dangerous items, if any, were removed (include any items of clothing or any personal items of jewellery or items of cultural/religious significance): Not applicable ☐ Tear resistant clothing provided ☐ Please document full details in patient Paris record	
Incident form completed ☐ Datix #:	
Were MAPA techniques used? Yes ☐ No ☐	
Was 'as required' / 'rapid tranquilisation' medication administered? Yes ☐ No ☐	
If a separate incident form was submitted for MAPA and/or 'as required' / 'rapid tranquilisation' please state the Datix no's:	

Consultant Psychiatrist/Duty Doctor Details

Name of Consultant Psychiatrist or Duty Doctor informed of seclusion:	
Name (print):	Time informed of seclusion:
Signature of Consultant Psychiatrist/Duty Doctor attending episode of seclusion:	
Signature:	Time attended seclusion:
Were there problems contacting the Consultant Psychiatrist/Duty Doctor? Yes ☐ No ☐ If yes please state what	

Assistant Services Manager details (during normal working hours only)

Name of Assistant Services Manager informed of seclusion:	
Name (print):	Time informed of seclusion:
Has the Assistant Service Manager delegated attendance at the initiation/review of seclusion to the Senior Nurse Manager/Charge Nurse or Ward Sister? Yes ☐ No ☐ If No indicate what time Assistant Service Manager attended seclusion:	
Were there problems contacting the Assistant Service Manager? Yes ☐ No ☐ If yes please state what	
Signature of Assistant Service Manager attending the episode of seclusion: Signature: Nb. Not applicable if delegated	

To be completed by Senior Nurse Manager or Charge Nurse/Ward Sister when delegated to attend or Senior Nurse/Night Co-ordinator when attending seclusion outside normal working hours i.e. 1700-0900hrs.

Name of Senior Nurse Manager or Charge Nurse/Ward Sister or Senior Nurse/Night Co-ordinator informed of seclusion:	
Name (print):	Time informed of seclusion:
Signature of Senior Nurse Manager or Charge Nurse/Ward Sister or Senior Nurse/Night Co-ordinator:	
Signature:	Time attended seclusion:
Designation:	
Were there problems contacting the Senior Nurse Manager or Charge Nurse/Ward Sister or Senior Nurse/Night Co-ordinator? Yes ☐ No ☐ If yes please state what	
Has the patient given their consent for a family member or carer to be informed of the use of seclusion? (as detailed in the patient's Behaviour Support Plan/Care Plan/Treatment Plan) Yes ☐ No ☐ Not Applicable ☐ If the patient has given their consent who contacted the family member or carer?	

Name (print):	Signature:	Designation:

The following documentation **must** be completed for all episodes of seclusion:

Incident Form (Datix) ☐	Review of seclusion (as necessary) ☐
Seclusion Record of Observation ☐	Rapid Tranquilisation Monitoring Form – see Rapid Tranq policy ☐
Seclusion Care Plan ☐	
Patient Record ☐	

Seclusion Care Plan Seclusion Care Plan completed by:_____ Nb. Individualised seclusion care plan to be devised on the health care record at the point of initiation			Time: _____ Date: _____
Physical Observations: BP Completed Pulse Completed Oxygen Sats completed Respirations Completed	Yes: ☐ ☐ ☐ ☐	No: ☐ ☐ ☐ ☐	If NO please state why: (physical observations must be recorded on NEWS chart including documentation of whenever observations unable to be taken)
Where RT is used please also complete the RT monitoring form as detailed above			

End of Seclusion

Date seclusion ended: Time seclusion ended:	Duration of episode of seclusion (in minutes):

	Name	**Signature**	**Date**
Consultant Psychiatrist in charge of the patients care and treatment			
Assistant Service Manager			
Charge Nurse/Ward Sister			

Copies to: Patient Record ☐ Assistant Service Manager ☐ Risk & Governance ☐

Appendix 5 – Review of Seclusion Form

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Seclusion number:	Patient Name:	
Review Type – Nursing / Medical / MDT / Independent Senior Clinicians (please indicate)		
Review at _____ hours (e.g. 2 hour)	Date:_____	Time:_____
Name: _____	Signature:_____	Designation: _____
Name:_____	Signature:_____	Designation:_____
Name:_____	Signature:_____	Designation:_____
If the review is not on time please state why:		

Physical Observations:			
	Yes	No	If **NO** please state why:
BP Completed?	☐	☐	(Physical observations must be recorded on NEWS chart)
Pulse Completed?	☐	☐	
Oxygen sats completed?	☐	☐	
Respirations completed?	☐	☐	

Care plan reviewed: Yes ☐ No ☐

If NO please state why:

Seclusion to continue: Yes ☐ No ☐

If yes please state why:

Has an MDT review taken place? Yes ☐ No ☐

If No please state why

Has an independent review taken place? Yes ☐ No ☐

If NO please state why

Additional Comments:

Appendix 6 – Seclusion Care Plan

The clinical team should consider the following issues when completing seclusion care plans. This list is not exhaustive and is intended to provide a focus for consideration. Care plans including the use of restrictive practices (including seclusion) should outline primary and secondary preventive strategies, de-escalation skills to be utilised, and identify reactive strategies. Following incidents the clinical team must work with the service user to identify triggers for the incident and to learn from the response undertaken. All learning should be integrated within a revised care plan. If challenging behaviour requires use of the seclusion care plan on more than one occasion, then use of a structured positive behaviour support plan should be considered.

MAIN ISSUES:

Diversity issues

- Cultural
- Religion
- Gender, etc

Dignity and Respect

- Personal hygiene
- Accessing toilet facilities

Nutrition and Hydration

- Facilitation of meals and drinks and how these will be facilitated

Communication

- Orientation to time
    - taking into account individual requirements/care plan

Management of risk

- Level of observation
- Weapons
- Patterns of association

Activity

- Identify and prescribe activities available to the patient

Working towards termination of seclusion

- Details of interventions and changes needed for seclusion to end

Details of the support that will be provided when the seclusion comes to an end

Appendix 7 – Protocol in Case of Fire

• Seclusion nurse to verify there is a fire by contacting the Ward office or Nurse in Charge to establish the location of fire.

• Once confirmed commence evacuation process; firstly seek help to exit seclusion and risk assess the most appropriate evacuation route in terms of location of fire.

• Risk-assess the amount of people needed to complete the evacuation – minimum 2/3 people. If however this amount is not available assess the risk of the patient against the severity of the fire, and which outweighs the other.

• Risk-assess the most appropriate evacuation point depending on the risk of the patient and severity and location of fire.

• Escort patient with team and develop a management plan for maintaining patient risks whilst in the less secure environment in evacuation point e.g. 2/3:1 observation separate to peers.

Appendix 8 – Seclusion Flow Charts

Is there severe behavioural disturbance which is likely to cause harm to others?

NO

Attempt de-escalation

NO

Consider use of extra care area

NO

Source additional staff from other wards

NO

Consider detention

YES

Has de-escalation been tried (consider communication, medication, use of extra care area)

YES

Is seclusion room fit for purpose?

YES

Does the Nurse in Charge and/or doctor think that seclusion is necessary?

Yes

Are there enough MAPA trained staff available?

YES

Is the patient detained?

YES

Proceed to seclusion with patient using MAPA techniques

Commence seclusion

On Commencement of Seclusion

Consultant Psychiatrist/Duty Doctor	Nurse in Charge / Charge Nurse/Ward Sister	Observing Staff
	Immediately notify Consultant Psychiatrist/Duty Doctor	Commence observation of patient from Seclusion Observation Room
Complete initial review	Complete Datix Form	Record 15 minute observations on Record of Observation Form
Complete 4 hourly medical reviews until first MDT review and complete Review of Seclusion Form	Notify Senior Nurse Manager/Duty Nurse Co-ordinator	Monitor patient behaviour, mood, communication
After first MDT review complete medical reviews at least twice in every 24 hour period	Organise Physical Observations	Monitor physical observations as per NEWS
Complete MDT reviews once in every 24 hours	Update Risk Assessment	Monitor food and fluid intake
	Ensure Record of Seclusion Form completed	Support patient until seclusion safely terminated
	Organise reviews as per schedule and ensure Review of Seclusion Form completed	Organise safe termination of seclusion and consider step down to Extra Care Area
	Is seclusion still necessary?	Medical Review
	YES NO	Support Patient