



MENTAL HEALTH SERVICES SECLUSION POLICY

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‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
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21/01/21	2.0	20/05/19	Director of Mental Health & Learning Disabilities	12 month blanket policy extension due to covid 19 applied with author review date set 180 days prior to Valid to Date.	Quality and Performance Committee
18/05/21	2.0	20/05/19	Director of Mental Health & Learning Disabilities	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

This policy covers the safe use and management of Seclusion for patients who are highly disturbed, physically aggressive or destructive towards the environment, themselves or others.

This policy covers both patients who are detained under section(s) of the mental health act, and also those who are admitted informally to hospital.

2 Introduction

The purpose of this policy is to ensure the safety and wellbeing of patients who are secluded, whilst ensuring that a high degree of quality of care and support is made available both during and following an episode of seclusion. The policy sets out the roles and responsibilities of staff, and clarifies the requirements for initiating, recording, monitoring, reviewing and terminating the episode of seclusion.

2.1 Definitions of Seclusion

Seclusion has been defined as

'...the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour, which is likely to cause harm to others...' (The Code of Practice, Department of Health 2008).

Seclusion, if chosen, is not viewed as a therapeutic intervention (NICE CG25) but simply allows for a period of calming the patient and should always be managed in a designated room for seclusion, separating the patient from other patients on the ward.

Alternative terminology such as 'therapeutic isolation' and 'enforced segregation' should be avoided, and therefore not be used to deprive patients of the safeguards established for the use of seclusion itself.

NICE (2005) state that seclusion must be differentiated from asking a patient to go to a designated room for the purpose of calming down (such as their bedroom or the extra care area). NICE (2005) describe this as a de-escalation technique and the seclusion room must not be used for this purpose.

Seclusion should not be used as a:

- Punishment or threat
- As part of a treatment programme
- Because of staff shortages
- Or to solely manage self harming behaviour.

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

Use of seclusion must be strictly monitored and recorded in accordance with the guidance provided in the Mental Health Act (1983 amended 2007) Code of Practice (2015).

2.2 Principles

The forcible confinement and isolation of a disturbed patient in seclusion is considered an extreme measure, one which must only be applied when all other options or efforts to manage the situation have failed or are considered not practicable.

Decisions to seclude patients must be justifiable on legal, professional and ethical grounds. Patients who are subjected to seclusion are entitled to receive humane and compassionate care.

The use of seclusion is a last resort measure and requires the continued focus on valuing the individuality, dignity, privacy, spiritual and cultural needs of the patient involved.

If an emergency situation arises involving an informal 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 Act should be undertaken immediately.

2.3 Factors that can contribute to behavioural disturbance

- Poorly treated symptoms of mental disorder
- Unmet social, emotional or health needs
- Excessive stimulation, noise and general disruption
- Excessive heating, overcrowding and restricted access to external space
- Boredom, lack of constructive things to do, insufficient environmental stimulation
- Lack of clear communication by staff with patients
- The excessive or unreasonable application of demands and rules
- Lack of positive social interaction
- Restricted or unpredictable access to preferred items and activities
- Patients feeling that others (whether staff, friends and/or families) are not concerned with their subjective anxieties and concerns
- Exposure to situations that mirror past traumatic experiences
- A sense of personal disempowerment
- Emotional distress, eg following bereavement
- Frustrations associated with being in a restricted and controlling environment
- Antagonism, aggression or provocation on the part of others
- Inconsistent care
- Difficulties with communication
- The influence of alcohol or drugs
- A state of confusion, and
- Physical illness.
- (Mental Health Code of Practice 2015)

2.4 Segregation

Occasionally, there may be instances when Seclusion is not appropriate, but the Extra Care Area (used for de-escalation purposes) may become required for management and care of an individual.

This may be based on presentation, age of individual (less than 18 years of age) and based upon risk factors identified.

Whilst individual would be monitored and assessed regularly by the MDT, the Extra Care Area is still potentially restrictive in terms of little access to natural light, and lack of external secure area for fresh air. The MDT will recognise that an individual in this area, will require a review to consider more appropriate and therapeutic environment (such as adolescent or learning disabilities setting), and that the MDT will work within an appropriate timescale to minimise the individual being contained within this setting. This will require involvement from the Commissioning Bodies and/or Local Authority to secure more suitable placements which may involve transfer off island.

If an individual is placed in the Extra Care Area, the MDT will need to plan and provide a supported opportunity for them to access fresh air within the secure garden based on Seagrove Ward. This may require staffing levels to be increased to safeguard all patients on the unit, and allow opportunity for individual to be taken into garden area for an agreed period of time.

3 Definitions

Violence – any behaviour involving physical force intended to hurt damage or kill someone or something.

Aggression – spoken or physical behaviour that is threatening or involves harm to someone or something:

Seclusion – term used to define a patient being removed from main general ward area, and place in a secure/locked room due to level of risks associated with their behaviour.

R/C – responsible clinician who is in charge of a detained patients care and treatment during admission.

SHO – senior house officer, junior doctor who works under the supervision of the responsible clinician.

MDT – multi disciplinary team, made up of various professional health and social care workers involved in patients care.

PARIS - name of the patient electronic record system used by Mental Health Services within the Isle of Wight NHS Trust.

ECA – extra care area, a part of the ward that is low stimulus and is used as a step between seclusion if possible, to manage a patient's presentation.

Rapid Tranquillisation – term used to describe the process and use of medication, antipsychotics and benzodiazepines that are given either orally or via intra muscular routes

Physical Intervention – term used to describe the overall process of staff having to take control and place hands on patients to restrain them in order to reduce risk to themselves or others on the ward area.

4 Scope

This policy applies to all staff working within the Isle of Wight NHS Trust, working within the Adult Acute Ward (Osborne), Older Persons Mental Health Ward (Afton), and the Psychiatric Intensive Care Unit (Seagrove). This policy applies to all patients detained under the Mental Health Act 1983 (amended 2007) who are subjected to Seclusion at any time. Seclusion required for an informal patient should be considered as an indicator to require assessment for formal detention under the Mental Health Act 1983 (amended 2007).

5 Purpose

The Policy sets out detailed guidance on the use of seclusion that is consistent with the guiding principles of the Mental Health Act Code of Practice 2008 (amended 2015).

Adherence to this policy will:

- Limit the use of seclusion to exceptional circumstances and promote alternative approaches to the care and treatment of disturbed behaviour
- Ensure that patients' rights are respected and adhered to if seclusion is initiated
- Set out the proper management and monitoring of the patient whilst in seclusion in order to ensure that his or her safety is paramount, and that accountable decisions are recorded regarding the commencement, supervision and termination of the seclusion process
- Ensure that when seclusion is used it is terminated at the earliest and safest opportunity
- Detail the formal responsibilities of all Trust employees from a ward level to the board of maintenance of appropriate records of the use of seclusion.

6 Roles and Responsibilities

The Executive Director of Nursing and Quality is responsible for ensuring that the Trust adheres to national guidelines for the seclusion of patients set out in the Mental Health Act Code of Practice (amended 2015).

The following outlines roles and responsibilities of Staff involved in Seclusion and the monitoring of its use.

6.1 Ward Manager

The Ward Manager(s) are responsible for ensuring

- Nursing Staff have the relevant and up to date skills to implement the policy
- Application of the policy is consistent and all Nursing Staff are aware of their individual responsibilities throughout
- All relevant documentation is completed pertaining to the policy
- Ensuring the Seclusion room is fit for purpose and any damages or problems are rectified as soon as possible.
- That the use of Seclusion is monitored via Audit on an Annual basis to ensure correct and consistent application of this policy is followed.

6.2 Multi – Disciplinary Team

The multi – disciplinary team hold the responsibility for being conversant with the policy; to review the patient at the designated time and to be involved in the decision making process to formally discontinue seclusion when appropriate

7 Policy detail/Course of Action

7.1 PROCEDURE FOR SECLUSION

The following details specifics in relation to implementing, monitoring and discontinuation of Seclusion process.

7.1.1 The Seclusion Room

The room used for Seclusion should:

- Be identified and equipped as the Seclusion room
- Provision of a mattress made from strong non tearable material of a fire retardant nature and comply with health and safety guidelines including infection control measures.
- Provide privacy from other patients
- Enable staff to observe the patient at all times
- Be safe and secure
- Not contain anything which could cause harm to the patient or others
- Be adequately furnished, suitable lighting, ventilation and heating
- Be quiet but not soundproofed, and should have some means of calling for staff attention (the operation of which must be explained to the patient)
- Visual access to a clock

7.2 Initiating Seclusion

Seclusion is considered the last resort in terms of patient management for disturbed and aggressive or destructive behaviour.

7.2.1 Prior to Decision to Seclude

The decision to use Seclusion should only be made when the following conditions have been met:

- The patients behaviour indicates an immediate risk to others on the ward
- The Consultant or Nurse in charge of the ward have made a clinical assessment which indicates that there is an immediate and serious risk of harm to others
- All other interventions and techniques have been considered or attempted. This includes verbal de-escalation, active listening, negotiation skills, anger management techniques and diversional activities
- The person authorising Seclusion has carefully considered their own stress levels and ensured that they are not adding bias to the decision to seclude.

Seclusion must not be used as a punishment or for the sole purpose of managing a risk of self harm or suicidal behaviour.

7.2.2 Initial Decision to Seclude

- The decision to use Seclusion can be made in the first instance by the Nurse in Charge of the shift or a Doctor, in consultation with the clinical team on duty.

- The Nurse in Charge of the shift must make it a priority to notify the Responsible Clinician (R/C) once Seclusion has been commenced, unless there is a delay in exceptional circumstances.
- If Seclusion is commenced between the hours of 9am and 5pm on a working day (Monday to Friday) then the R/C for the ward and the SHO must be notified.
- If Seclusion is commenced outside of this time frame, either at weekends or at nights, then the Nurse in Charge will need to notify the On-Call Consultant Psychiatrist and On-Call SHO.

7.2.3 Implementing Seclusion/placing a patient in seclusion

A majority of patients who are secluded will be placed in Seclusion following approved techniques as identified within the approved Physical Intervention Training. This may include a designated team of staff trained in restraint and may also involve physical restraints (such as leg straps) dependant on the level of aggression, disturbance and risk posed by patient.

There maybe a few occasions where patients who need Seclusion based on current presenting risk are able to follow clear instructions from staff to walk into the room and, and if required to facilitate a safe exit by staff, lay down on the mattress without need for immediate 'hands on' from staff.

Once the patient has been secluded, staff will withdraw from the room as per Physical Intervention Training techniques, and the door will be locked in order to seclude.

As soon as the doors are locked, the time of Seclusion commences and must be documented on the appropriate paperwork and on the nursing entries within the PARIS database, and complete an incident form/SIRS.

7.2.4 Role of Staff members involved

Several staff maybe involved within the initial implementation of secluding a patient, which may either be a planned or unplanned event.

Dependant on the patient concerned, level of aggression and risks, a team of four staff maybe needed to safely manage the situation. As set out in the mandatory Physical Intervention Training, a lead person will be agreed to to co-ordinate the intervention. The lead person will clearly communicate the roles and responsibilities of the other team members.

The chosen exit route from Seclusion, which is usually the way the patient was taken in, should have at least one staff member whose duty it will be to ensure door is locked properly once the team have removed themselves from the room.

Where practical at least one member of the Seclusion team must be the same gender as the patient.

7.2.5 Searching a Patient

Prior to the secluding of any patient staff should be assured that they do not have access to items that could be used to readily harm themselves or others..

The searching of any patient should be carried out in line with the Trusts Standard Operating Procedure. Mental health Inpatient Areas – Searching for offensive weapons, illicit substances, alcohol and unsafe items

Consideration must be given to items of clothing that maybe used as ligatures, and where necessary removal of these items must be justified and documented accordingly. If there is no associated risk of harm to self or active suicidal behaviour, then normal day and night attire should be worn. Staff must ensure that an individuals privacy and dignity is maintained at all times.

Any items that are considered as religious or of cultural significance (such as some items of jewellery) should only be removed if this compromises safety of the patient or others.

7.2.6 When secluding patients the following may need to be considered:

The Multi-disciplinary Team should work to identify factors that may influence how Seclusion is carried out, should it be required, and form an appropriate management plan in the following areas:

- History of Domestic Abuse and Violence
- Any incident of either child sexual abuse, physical or emotional abuse, any form of sexual assault or rape
- Self harming behaviours
- Safety, privacy and dignity
- Risk factors associated with pregnancy or recent childbirth (if applicable)

Where appropriate, advice should be sought from specialist services eg: Labour teams/midwives, and consultation from the Physical Intervention Tutors based on Seagrove, Osborne and Afton ward respectively.

Other factors that may also require consideration prior to Seclusion being implemented may include:

- Where the patient is heavily medicated
- Heavily intoxicated through use of Alcohol or illicit substances
- Physically ill
- Physically disabled
- Age (either elderly or adolescents)

7.2.7 Monitoring of Seclusion

During seclusion staff will constantly monitor the condition and presenting behaviour of the patient to determine that they are safe.

Once the doors are locked and Seclusion is formally commenced, a staff member will be designated to remain outside the room, and to record the patient's presentation and behaviour on the nursing

observation sheet (See the Trusts MH&LD Inpatient Supportive Observation Policy, Appendix F)

Where rapid tranquillisation has been used to sedate a patient, staff observing the patient, immediately outside the seclusion room, should be trained in Basic or Immediate life support.

Monitoring the patient does not solely relate to behaviour, but also mental wellbeing, physical health, food and fluid intake and for any effects of medication if administered.

The staff member must remain within sight and sound of the patient who is in Seclusion at all times.

Due to associated risks of Seclusion Process, especially with regards to physical intervention techniques applied (Positional Asphyxia) monitoring of the patients condition is paramount.

Staff members will be rotated by other staff after a period of one hour, to allow for comfort breaks and to fall in line with the Trust's Policy on Supportive Observations.

Any patient, who is secluded, is designated at Level 1 eyesight observations. The staff member must document a record of what and how the patient is doing, at least every 15 minutes on the observation form, or if behaviour dictates, more frequently at 5 minute intervals.

The observation record is an official document which forms part of the patient's medical record and must be completed appropriately.

Within Sevenacres Unit the monitoring of Seclusion is also aided by the following routes:

- CCTV
- Intercom system

The CCTV unit is controlled externally via the switches and power supply on the wall outside of Seclusion. The CCTV camera has an infrared setting, that allows the supervising staff member see what is going on inside the room, even when the main lights are dimmed or completely turned off (to aid a normal sleeping routine at night).

The CCTV is there to enhance the safety of patients within the Seclusion room; **it is not designed to replace** the usual observations employed by staff to fulfil this duty. It is designed to aid observation from the staff member assigned to the task of monitoring Seclusion.

The Intercom system is used for two purposes:-

The first is to allow clearer communication between the staff member and the patient who is secluded.

The second is to allow the staff member to turn up the inbuilt microphone, that can help listen to and monitor the patient's breathing rate, especially if it is either unsafe to enter the room, or patient is unwilling to have their physical observations taken.

7.2.8 Record Keeping

Any episode of Seclusion should be recorded on the Trust's electronic patient record system PARIS, including rationale for episode of Seclusion, events that led up to this and who was involved.

PARIS should also have records of other professionals, including On-Call doctors or the R/C that have been notified of when Seclusion has taken place.

A Datix/SIRS incident form should be completed by the Nurse in charge of the shift.

There is also designated Seclusion paperwork (see Appendix E Seclusion Recording Form) that requires completion by the staff, and regular recording of the patient's behaviour and presentation whilst secluded. Any reviews of Seclusion by the MDT will also need documenting accordingly (see section 7.2.10), and any use of physical intervention and/or medication use will need completion of associated electronic formats Datix/SIRS as above.

In 2019, following the case note introduction and the relevant training for staff, this recording will be completed with a Restrictive Intervention case note within PARIS.

A seclusion care plan should also be formulated on PARIS and include

- a statement of clinical needs (including any physical or mental health problems), risks and treatment objectives
- a plan as to how needs are to be met, how de-escalation attempts will continue and how risks will be managed
- details of bedding and clothing to be provided

details as to how the patient's dietary needs are to be provided for, and details of any family or carer contact/communication which will be maintained during the period of seclusion. The Seagrove Ward Manager will have responsibility to complete a yearly review and audit of the wards compliance with this policy. The audit will review ten patients who have been subject to seclusion (see Appendix B Audit Form). This will be reported to the Mental Health and Learning Disability Quality and Risk Committee..

7.2.9 Diet, Clothing and Personal Hygiene

The team must ensure the basic needs of the patient are met, and where ever possible, be provided within an acceptable timeframe, and when there is enough staffing to ensure adequate safety to allow door to be opened.

- Food and dietary requirements to be served within regular time periods
- Ensure suitability of cutlery and plates are safe for use in Seclusion
- Provision of regular fluids
- To ensure patient has privacy and dignity by being adequately clothed

- To ensure patient has access to toilet and wash room facilities, these are available within the seclusion facility..

A record must be made on the seclusion monitoring form of all food and fluids offered and taken and when the bathroom facilities are used.

7.2.10 Review of Seclusion

The purpose of reviewing Seclusion is to identify when Seclusion should be terminated, based upon the following conditions:

- The ability of the patient to be able to agree, and to be able to manage their own behaviour/safety of self or others for a designated period of time.
- This includes being able to control impulses, and to refrain from verbal hostility directed at others, physical aggression towards others and towards environment itself (such as kicking the doors/windows).
- The effects of medication if administered, and the desired outcome of such.
- Any continued indicators that may include paranoid type thinking, delusional beliefs and/or hallucinations that would put others at risk from the patient's behaviour. .

Any incident of aggression that has led to a period of seclusion has led to a heightened neuro chemical level within the patient's body, so staff will need to be aware that risks can be associated as it can take up to 90 minutes for an aggressive individual to calm and for the body to return to its baseline . Therefore there maybe potential for spikes of aggression to continue after initial outburst that may require being taken into account, before seclusion is ended.

In line with the Mental Health Act Code of Practice (2015) medical reviews of the patient should be carried out in person and should include:

- a review of the patients physical and psychiatric health
- an assessment of the adverse effects of medication
- a review of the observations required
- a reassessment of medication prescribed
- an assessment of the risks posed by the patient to others
- an assessment of the risk of self harm
- an assessment of the on going need for seclusion and whether this can be applied in a less restrictive manner

National Guidance contained in the Mental Health Code of Practice (2015) set out the timescales for review of Seclusion as follows:

- **WITHIN ONE HOUR** of seclusion commencing, the initial review will take place, where a qualified nurse and SHO will enter the room for direct observation and make a joint assessment of the patient and his/her needs. It may be necessary to enter the room before a full hour passes, dependant on patient presentation. SHO will be required to conduct a medical review within this timeframe, especially if patient concerned is unknown (such as a 135/136).

- **AFTER TWO HOURS** in seclusion have elapsed, a secondary review will be arranged with the shift co-ordinator and another qualified staff nurse. A plan of care will be formulated, taking into account, exercise, diet, clothing, hygiene and diversional occupation/relaxation exercises. **THEREAFTER IF SECLUSION CONTINUES, TWO NURSES WILL BE REQUIRED TO COMPLETE REVIEWS AT TWO HOURLY INTERVALS FOLLOWING THIS POINT.**
- **AT THE FOUR HOURLY REVIEW** another medical review will be required along with the assessment from the two qualified nursing staff.
- **AFTER A PERIOD OF EIGHT HOURS CONSECUTIVE** in seclusion, or twelve hours intermittent within a 48 hour period, an independent review must take place with a Consultant, a team of nurses, Manager of Mental Health Services and other health care professionals who were not directly involved with the patient at the time of the incident that led to the seclusion. (Mental Health Code of Practice 2015). If the patient has an IMHA they should be invited to join the Independent review. This review must happen by the end of the next working day following the 12 hours seclusion being exceeded.
 - **Further medical reviews should take place twice in every 24 hour period, one of these reviews must be undertaken by the patients RC (or by the on call consultant if out of hours/weekend). One of these reviews can be undertaken by a junior member of the medical team.**

The decision to seclude a patient may be disputed at any time by a member of the team.

Such cases must be referred to the Unit Co-ordinator, Ward Manager or Manager on call for review

7.2.11 Entering Seclusion

Any requirement to enter Seclusion by staff should consider the following factors:

- The purpose for entering – is it a scheduled or unscheduled review?
- Are there any potential risks that maybe incurred by entering Seclusion?
- Ensure there is a safe number of staff ready and on hand before entering room
- Is it an emergency situation that requires staff entering? – Patient unresponsive?
- Do staff require any Personal Protective Equipment (PPE) before entering room? PPE is located on supply at Afton Ward.

A minimum of three staff, trained in physical intervention techniques must be present whenever the Seclusion door is opened, and the number of staff entering the room should be kept to the minimum where necessary.

7.2.12 Termination of Seclusion

Seclusion should be terminated as soon as the assessment of risk indicates that the patient can be safely moved back into the current ward population.

The rationale for terminating the period of Seclusion should be clearly documented on the appropriate form, and on the patient's records on PARIS.

There should be provision for an opportunity to debrief and discuss with the patient involved the reasoning for the period of Seclusion being used, any medication that was given, and identifying ways in which this can be avoided in future. A record of this discussion will be kept and documented in the patients notes. (Mental Health Code of Practice 2015)

The patients care plans should be reviewed to reflect the incident of Seclusion, and risk assessment updated accordingly.

The patients level of supportive observations should be adjusted accordingly, and gradually reduced from level 1 (eyesight) to level 3 (hourly observations) over the next couple of hours, based upon presentation and risks.

Staff should inspect the Seclusion/De-escalation room for any evidence of damage, and report this for immediate repair to the estates department for rectifying.

The room should be cleaned and prepared for future use, if necessary, contacting the domestic supervisor to arrange for a deep clean to be undertaken.

7.2.13 Use of medication

The management of a disturbed and/or aggressive patient may require the need for medication to be administered by a qualified member of staff or doctor just prior to or during an episode of Seclusion.

However, the Trust acknowledges that the guidance contained within the Code of Practice that, wherever practicable, the circumstances (if any) in which medication is to be used as a response to episodes of particularly disturbed behaviour should be established in advance in each patients treatment plan. The use of medication as an unplanned response to disturbed behaviour should be exceptional. Medication should never be used to manage patients as a substitute for adequate staffing.

The Trust has a designated medication policy that must be followed for appropriate management of aggressive or disturbed behaviour. Please refer to The In-patient Rapid Tranquillisation Protocol.

Care must be taken during the administration process of Rapid Tranquillisation using the Intramuscular route, especially when the patient is restrained by staff for this purpose.

During this process again care and dignity of the patient is important, and the need to monitor closely for any side effects of treatment given.

Physical observation and vital sign monitoring of the patient is paramount, and staff will need to record these as per the Rapid Tranquillisation Protocol. If this is not possible, then the staff member who is responsible for monitoring seclusion will need to check for the following:

- Level of alertness
- Movement
- Patient colour
- Breathing rate

Staff member must also have access to a call system for assistance if needed, and there must be access to resuscitation equipment on the unit should physical condition deteriorate significantly.

7.2.14 Visitation

Visitors are not normally deemed appropriate when a patient is in Seclusion due to an acute episode of illness or disturbed/aggressive behaviour.

The Trust aims to use Seclusion for the shortest time period possible, which would then make visitation for patients more practicable.

If there are requests by relatives or others to visit the patient, the nurse in charge of the shift will offer an explanation. Information can be given about the use of Seclusion to family and carers if appropriate.

Exceptionally, subject to risk assessment, visitors will be allowed if felt necessary to meet the needs of the patient, their rights or to allay concerns. This may include CQC Commissioners, Solicitors, Advocates, or Relatives.

7.2.15 Seclusion of patients exceeding more than four days

Seclusion is considered to be a last resort and should be discontinued as soon as the patient's presentation and risk assessment dictates this is appropriate.

However, Seclusion and management plans may dictate that this needs to extend for a longer period.

If attempts to end seclusion and to reintegrate the service user to the ward area have consistently failed, the team will need to review and consider the use of long term segregation.(see Long Term Segregation Policy).

If the use of seclusion and/or long term segregation fails to reduce risks and the PICU environment is not deemed appropriate to meet the service users needs then alternative placements off Island and for specialist placement which may also include Forensic based services should be considered.

8 Consultation

The Seclusion Policy will be open to consultation via the Trust's Policy ratification process. The content has been disseminated for comment and agreed by all Mental Health Acute Leads and at the MH&LD Document Control Group.

9 Training

This Mental Health Inpatient Wards Seclusion Policy does not have a mandatory training requirement but the content of it is included within the Trust mandatory Physical Intervention Training

10 Monitoring Compliance and Effectiveness

Ward staff who implement Seclusion will be required to complete the appropriate documentation for recording Seclusion use, and if any use of physical intervention or medication administered during this time. (see Appendix D Seclusion Recording Form)

The Seagrove Ward Manager will have responsibility to complete a yearly review and audit of the wards compliance with this policy. The audit will review ten patients who have been subject to seclusion use (see Appendix B Audit Form).

The Clinical Quality and Safety Lead for Acute MH services will complete a quarterly audit report for the use of all restrictive interventions, (including seclusion), which will be reported to the Isle of Wight Clinical Commissioning Group as part of the Trusts Quality Schedule. All incidents will also be reported for National Benchmarking.

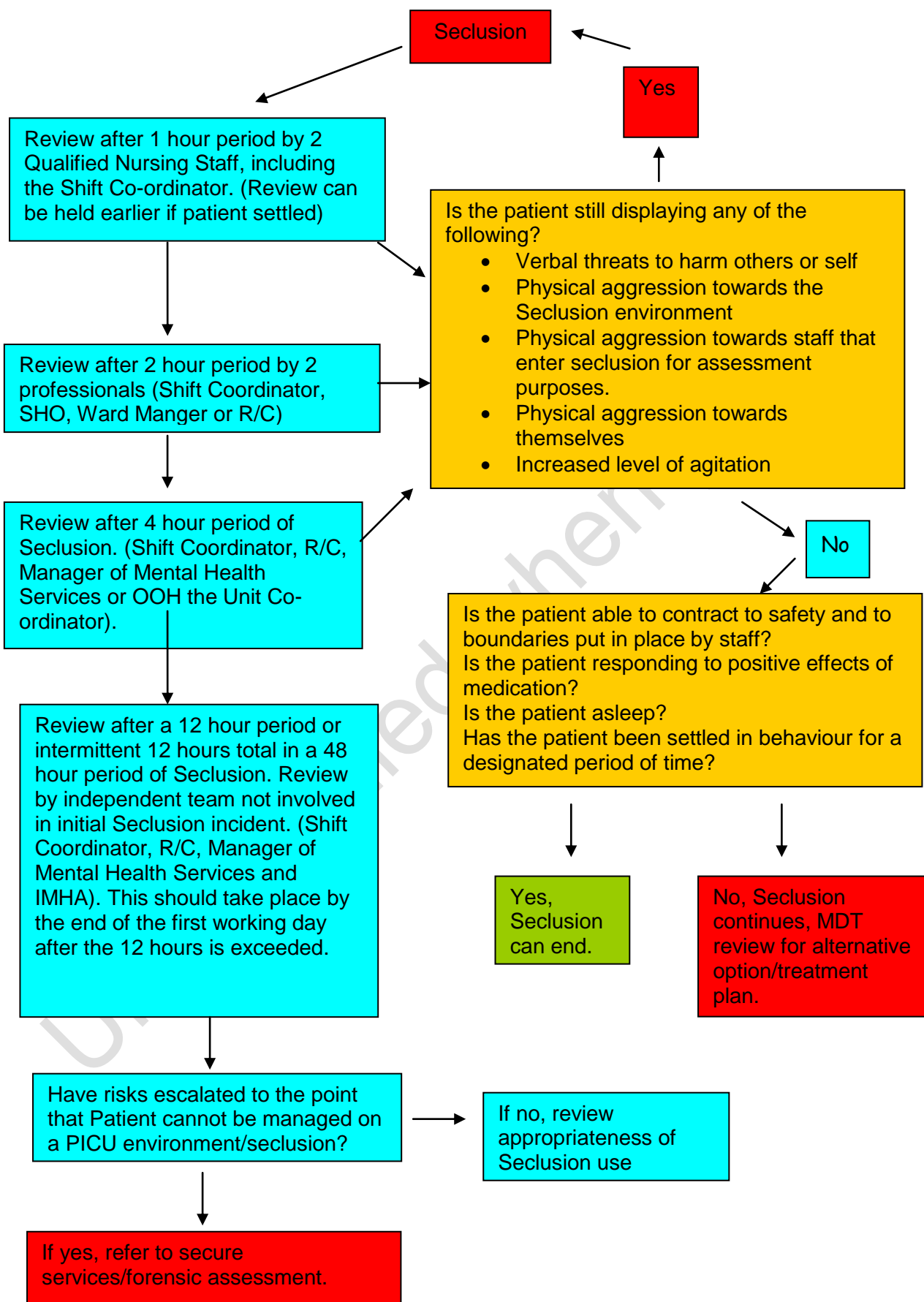
11 Links to other Organisational Documents

- Supportive Observation Mental Health In-Patient Policy
- Adult Observation Chart (AOC) and Modified Early Warning Score (NEWS2)
- Seagrove PICU Operational Procedure
- Mental Health and Learning Disabilities – Inpatient Rapid Tranquillisation Protocol
- Physical Restraint Procedure
- Standard Operating Procedure. Mental health Inpatient Areas – Searching for offensive weapons, illicit substances, alcohol and unsafe items
- Mental Health Services Long Term Segregation Policy

12 References

- Code of Practice Mental Health (1983) revised 2008, revised 2012, revised 2015
- National Institute for Clinical Excellence. 2005. Clinical Guideline 25
Violence – the short term management of disturbed/violent behaviour in inpatient psychiatric settings and emergency departments. London: National Institute for Clinical Excellence.
- Mental Health Act 1983 (revised 2007)
- National Institute for Clinical Excellence NICE 2007 Clinical Guidelines 42 – Supporting people with dementia and their carers in health and social care (2007) state:

Seclusion Review Flowchart



Seclusion Policy Audit Tool

In order to audit the ward’s compliance with the Seclusion Policy, the Ward Manager will audit 5 consecutive episodes of seclusion. The result of the audit will be sent to the Modern Matron and the Clinical Quality and Safety Lead for inpatient services who will feedback audit results through the Mental Health Clinical Quality & Patient Safety Committee

Seagrove Ward:

Do the Seclusion records indicate the following occurred? State Yes / No / NA	Patient identifier	Patient identifier	Patient identifier	Patient identifier	Patient identifier
Was the rationale for seclusion clearly documented?					
Was the patient searched prior to the period of seclusion?					
Did a member of nursing staff remain in eyesight / hearing of the patient at all times?					
If applicable, did the Nursing 2 hour review occur at the appropriate time?					
If applicable, did the Medical / Nursing 4 hour review occur at the appropriate time?					
If applicable, did the Independent MDT 8 hour review occur at the appropriate time?					
Either before or during the process of seclusion, did the patient receive rapid tranquilisation medication?					
If rapid tranquilisation was administered, do the seclusion recording forms indicate that appropriate monitoring was completed?					
Are the seclusion monitoring forms completed to a good standard?					
Please specify how long after seclusion did it take for the initial MDT review to occur?					
Please specify in total, how long was patient in seclusion for?					

Audit completed by:.....
Date:.....

Seclusion Record Seagrove Ward PICU
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Surname	Forename	Date of Birth	MHA status	Consultant	1 ST Admission: Y/N

Seclusion Commenced By:	Date:	Time:
Signed.....(Shift Co-ordinator)		

Checklist of Action Taken:	Completed Y/N	Time:
Consultant Psychiatrist		
Clinical Team Manager/Unit Co-ordinator		
Seclusion Chart Commenced		
Recorded on Paris		
Datix/SIRS completed		
Relatives/Advocate informed (if appropriate)		

Reason for Seclusion (Full details record on Paris)
.....
.....
.....

Primary Review (Within First Hour of Seclusion Commencing) Time:.....
.....
.....
Signed R/N1.....Signed SHO.....

Secondary Review (Two Hours After Commencing Seclusion) Time:.....
.....
.....
Signed R/N1.....Signed R/N2.....

Tertiary Review (Four Hours After Commencing Seclusion) Time:.....
.....
.....
Signed R/N1.....R/N2.....SHO.....

Fourth Review (Six Hours After Commencing Seclusion) Time:.....
.....
.....
Signed R/N1..... Signed R/N2.....

Fifth Review (Eight Hours Consecutively After Commencing Seclusion) Time:.....

.....
.....
Signed R/N1.....	Signed R/N2.....

- **WITHIN ONE HOUR** of seclusion commencing, the initial review will take place, where a qualified nurse and SHO will enter the room for direct observation and make a joint assessment of the patient and his/her needs. It may be necessary to enter the room before a full hour passes, dependant on patient presentation. SHO will be required to conduct a medical review within this timeframe, especially if patient concerned is unknown (such as a 135/136).
- **AFTER TWO HOURS** in seclusion have elapsed, a secondary review will be arranged with the shift co-ordinator and another qualified staff nurse. A plan of care will be formulised, taking into account, exercise, diet, clothing, hygiene and diversional occupation/relaxation exercises. **THEREAFTER IF SECLUSION CONTINUES, TWO NURSES WILL BE REQUIRED TO COMPLETE REVIEWS AT TWO HOURLY INTERVALS FOLLOWING THIS POINT.**
- **AT THE FOUR HOURLY REVIEWS, ANOTHER MEDICAL REVIEW WILL ALSO BE REQUIRED.**
- **AFTER A PERIOD OF EIGHT HOURS CONSECUTIVE** in seclusion, or twelve hours intermittent within a 48 hour period, an independent review must take place with a Consultant, a team of nurses, Manager of Mental Health Services , IMHA if allocated. and other health care professionals who were not directly involved with the patient at the time of the incident that led to the seclusion. This review should be undertaken by the end of the first working day that the 12 hours is exceeded.

PLEASE RECORD FURTHER START/END TIMES ON BELOW BOXES

First Episode of Seclusion Completed: Date.....	Time.....
Signed..... (Shift Co-ordinator)	

Second Episode of Seclusion Initiated: Date.....	Time.....
Signed..... (Shift Co-ordinator)	

Second Episode of Seclusion Completed: Date.....	Time.....
Signed..... (Shift Co-ordinator)	

Third Episode of Seclusion Initiated: Date.....	Time.....
Signed..... (Shift Co-ordinator)	

Third Episode of Seclusion Completed: Date.....	Time.....
Signed..... (Shift Co-ordinator)	

Sixth Review (Twelve Hours Intermittent After Commencing Seclusion, Within Forty Eight Hour Period) Independent MDT Team.	Time:.....
.....	
.....	
.....	
Signed	Signed

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Mental Health Services Seclusion Policy
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	0	0	0
Training Staff	0	0	0
Equipment & Provision of resources	0	0	0

Summary of Impact:

Risk Management Issues: N/A

Benefits / Savings to the organisation: Increased assurance of patient and staff safety within Mental Health wards.

Equality Impact Assessment

- | | |
|--|-----|
| ▪ Has this been appropriately carried out? | YES |
| ▪ Are there any reported equality issues? | NO |

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs	0	0	0
Totals:	0	0	0

Staff Training Impact	Recurring £	Non-Recurring £
Totals:	0	0

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g. telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc	0	0
Totals:	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



Equality Impact Assessment (EIA) Screening Tool

Document Title:	MENTAL HEALTH SERVICES SECLUSION POLICY
Purpose of document	That patients are cared for in an appropriate environment with full consideration given to providing 'least restrictive' care. The Policy includes and refers to National Guidance for restrictive interventions.
Target Audience	All staff working within Acute Mental Health Services
Person or Committee undertaken the Equality Impact Assessment	Bev Fryer – Clinical Quality and Safety Lead for Acute MH Services

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men			
	Women	<i>N</i>	<i>N</i>	
Race	Asian or Asian British People	<i>N</i>	<i>N</i>	
	Black or Black British People	<i>N</i>	<i>N</i>	
	Chinese people	<i>N</i>	<i>N</i>	
	People of Mixed Race	<i>N</i>	<i>N</i>	
	White people (including Irish people)	<i>N</i>	<i>N</i>	

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	<i>N</i>	<i>N</i>	
Sexual Orientation	Transgender	<i>N</i>	<i>N</i>	
	Lesbian, Gay men and bisexual	<i>N</i>	<i>N</i>	
Age	Children	<i>N</i>	<i>N</i>	
	Older People (60+)	<i>N</i>	<i>N</i>	
	Younger People (17 to 25 yrs)	<i>N</i>	<i>N</i>	
Faith Group		<i>N</i>	<i>N</i>	
Pregnancy & Maternity		<i>N</i>	<i>N</i>	
Equal Opportunities and/or improved relations		<i>N</i>	<i>N</i>	

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

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