

MINIMUM STANDARDS FOR SECLUSION

PRACTICE AT ST CHARLES 2018

These minimum standards outline the standards and expectations of practice that must be upheld by all staff within St Charles Mental Health Centre. It is acknowledged that these are minimum standards and in specific cases expert advice can be sought from the safety team to inform seclusion management plans e.g. pregnancy.

Overview:-

The use of seclusion has long been recognised as a necessary intervention; confinement in a room which may be locked is utilised to manage patients who pose a significant risk of harm to others. It is defined by the MHA Code of Practice (CoP) (2015) 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.”

Key areas to note from policy:-

1. **Staff must always use the least restrictive alternative** (Mental Capacity Act 2005) and in keeping with the MHA CoP “seclusion should be used as a last resort and for the shortest possible time” (chapter 15.45) and be in the best interest of the patient.
2. **Seclusion must not be used as a punitive measure** or to enforce good behaviour (CoP 15.45).
3. Seclusion does fall within the definition of medical treatment in the Mental Health Act, however it **should not be included in any treatment plan**
4. **Seclusion should not be used if the primary risk assessed is risk to self.** If risks posed are risk to self and others, clinicians must make a cost-benefit decision regarding which risk outweighs the other. If an individual is displaying a higher risk to others than self-harm then seclusion is an appropriate intervention.
5. **Seclusion should be used in caution for those with existing physical health conditions and in pregnancy**
6. Seclusion can be utilised for informal patients however high risk to others must be displayed, and indication of need for formal detention – **a review of informal status should be arranged as soon as possible.**

These minimum standards will now proceed to outline the following criteria for St Charles local protocol:-

- The siting of the seclusion room and local facilities available,
- Protocol for decision to seclude

- How the seclusion room is managed,
- Who is responsible for managing the seclusion reviews
- Cleaning and maintenance of the seclusion room.

The siting of the seclusion room and local facilities available

Within St Charles there is one seclusion room that is accessed by all 6 adult wards. It is on the ground floor situated between the male and female Psychiatric Intensive Care Units. As per policy the site has the required facilities:-

- Whole interior of seclusion can be observed by staff from outside and door opens outwards.
- The door of the room is lockable and entry is easily accessible
- All furnishing and fittings are risk assessed.
- Mattress is available for the patient to rest on.
- The regulation of heat and ventilation is located outside the seclusion room and is operational by staff. This also applies to control lighting.
- Bathroom facility available within the room. This can be used throughout seclusion period. If risk warrants the water supply to be switched off – this can be done in the maintenance room behind seclusion. Please see visible instructions in room (this to only be completed of high risk of flooding seclusion room and increasing likelihood of falls).
- There is an intercom to allow verbal communication between staff and patient
- A clock is visible opposite the seclusion viewing panel

The bleep holder holds a key to seclusion and another key is located in the seclusion room in a locked unit – bleep holder has the key to unlock. If there are any environmental concerns regarding seclusion then bleep holder should be immediately contacted in order to report, escalate and resolve.

Protocol In case of Fire:-

- *Seclusion nurse to verify there is a fire by contacting reception and bleep holder and 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.*
- *If a female is in seclusion the nearest evacuation points are opposite main entrance, café holding area and Shannon Garden.*
- *Male patient evacuation points are opposite main entrance, café holding area and Nile garden dependant on the fire location.*
- *Once more risk-assess the most appropriate evacuation point depending on the risk of patient and severity and location of fire. If patient high risk and fire is low risk e.g. third floor, then convey to Nile/Shannon garden or café holding area evacuation points*
- *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.*

Protocol for decision to seclude

- The decision to seclude should be made by the ***responsible nurse in charge of the ward where the patient risk to others is escalating***. This should be made when all other interventions such as de-escalation and rapid tranquilisation have failed, and the safety of the patient and others can no longer be maintained.
- Nurse in charge or a designated person to contact the bleep holder to ascertain whether seclusion is available and to them to assist with preparing the seclusion
- The nurse in charge and bleep holder will ensure that all relevant policies are upheld in the conveyance of patient to seclusion.
- Patient should be informed of the intervention of seclusion at the earliest opportunity and the ***rationale behind the use of seclusion***.
- In all cases the ward doctor or duty doctor should be informed of the decision to implement seclusion, and be informed of the time of next review. Best practice would be to immediately attend seclusion especially when a patient has existing physical health conditions.
- Matron and consultant to also be informed of decision to seclude
- ***All patients to be searched prior to entering seclusion and items to be removed in line with search policy*** - any belongings to be documented and taken back to the ward for safekeeping. Complaints have emerged via loss of property after seclusion – ensure all belongings are returned to ward.
- Once patient has been successfully secluded inform them of the time of next review.
- ***Staff de-brief to immediately occur after to reflect on the practice of events*** leading to seclusion, unless acuity is high across the whole unit and a debrief can later be arranged.

How the seclusion room is managed

- A designated nurse, who should be according to the Code of Practice a ‘suitably skilled professional’, must be in attendance outside the seclusion room throughout the period of the patient’s seclusion. *St Charles local procedure is for the nurse (RMN or HCA) to have completed and passed the seclusion competency and been assessed by an individual that has completed the competency and senior to them.*
- *This designated nurse will be from the ward the patient resides.* If under extreme circumstances such as acuity and staff shortage - other wards may accommodate and support the responsible ward for periods of up to 2 hours for relief. It is the ward’s responsibility to seek competent staff immediately to manage the seclusion for the next shift. Bleep holder may assist in sourcing staff for seclusion management.
- *The designated nurse should be rotated every 2 hours to provide break as per observation and engagement policy*

Documentation

Clear documentation is essential - Seclusion is the most restrictive intervention within mental health units and documentation of this must be exemplary.

Seclusion Log

- There is a *seclusion log (see appendix 1)* that must be immediately uploaded to the patient record and opened to commence documentation. A rationale for the decision to seclude should be documented and all the relevant details such as time and contact to matron / RC etc.
- The document needs to be *updated every 15 minutes by the observing nurse* and should clearly demonstrate the following: -
 - 1) the *patients appearance, what they are doing and saying, their mood, level of awareness* and any evidence of physical ill health especially with regards to their breathing, pallor or cyanosis.
 - 2) When the patient has been *offered food, fluids*, has made use of the toilet, and has made any other request. This should also be documented in a **food and fluid chart (see appendix 2)**. At every review endeavour to carry out vital signs and document on **MEWS chart – see appendix 3**.
- Every occasion when the seclusion room door has been opened. *Where the seclusion room is not entered to carry out the review, there must be a clear rationale for not entering the room.* All entries must include the outcome of the review.
- The *rationale and time of the termination of the seclusion* must be clearly documented on the form.
- Once the form has been fully completed, it should then be scanned onto JADE and a hard copy filed in the Ward Seclusion file located in the **'St Charles Acute Service folder'** on shared drive.
- If a patient needs to be secluded again after termination of the initial seclusion, a new Record of Seclusion form must be started and the seclusion policy fully complied with.

Important to remember if a patient is secluded longer than 72 hours to raise a safeguarding.

Entry in patient's progress notes

- *Document all reviews in patient's progress notes* with outcome of review and those present.
- An entry must be made in the patient's progress notes on termination of seclusion.
- The progress note entry should also include *evidence of a debrief of the patient* in regards to the events and decisions that led to their seclusion.

Datix Report

- An incident report outlining the incident that led to seclusion being used must be completed with the relevant interventions recorded.
- The reference number of incident should be included in patient's progress notes.

Seclusion Checklist

- Once a patient enters seclusion complete the checklist to ensure all tasks are completed. Document patient name, ID and time of entering for auditing purposes.
- Complete this when seclusion is terminated and ensure all tasks are completed regarding maintenance of the room.

Response Nurse Planning

- This is to help the organisation of the seclusion reviews. Contact each ward to inform them of the time of *review 30 minutes prior to the allocated time*. Document the time the ward was informed of review.
- *All response members should arrive 5 minutes prior to review time* and on their arrival *seclusion nurse to document name of the individual from each ward and the time they arrived to seclusion*.

- The allocated time of the seclusion review should be documented and the time the team enters seclusion. This is to monitor the efficiency and organisation of the seclusion reviews.

See section '**Seclusion Reviews**' for further details and **appendix 4** for example of the response nurse planning record.

Seclusion Reviews

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. In line with the requirements set down by the MHA CoP the following reviews of the patient in seclusion must take place:

- *every two hours by three nurses (one of whom was not involved in the decision to seclude);*
- *every 4 hours by a doctor*
- *Should the seclusion continue for more than 8 hours consecutively or 12 hours intermittently over a period of 48 hours a full MDT review should take place with a consultant/Responsible Clinician (RC), as well as nurses and other professionals if possible. If the review needs to take place out of hours, it should be carried out with the Middle Grade (SpR, Specialty doctor) on-call.*
- *The ward manager and or site/unit coordinator should, whenever possible, be present at all reviews. If bleep holder is unable to attend due to a 136 the lead responsibility can be delegated to a competent individual.*
- *Should the seclusion continue for more than 24 hours the patient must be reviewed by their consultant/RC and a senior nurse on duty, at the earliest opportunity.*
- ***If this review is required to take place out-of-hours, the senior doctor (ie. the on-call Middle Grade doctor) reviewing the patient should liaise with the on-call consultant by telephone for advice and support.*** In the exceptional circumstance that there is no Middle Grade doctor on-call out of hours, the Consultant on-call will need to make a judgement as to whether the Core Trainee doctor on-call is of sufficient seniority to complete the 8 hour / 24 hour reviews. The Consultant on-call should always ensure that they make themselves available for telephone support, and if in doubt, should attend the review themselves.

Standards of Review:-

It is everyone's responsibility to ensure seclusion reviews take place on time, particularly when the patient resides on that ward.

- Bleep holder to **inform all wards of the times of seclusion review at the start of the shift as well as responsible medical team.** *Seclusion nurse and ward manager to assist if bleep holder's workload prevents them from completing. Use bleep holders template to do this – appendix 5.*
- **Nurse in charge for each ward to allocate response team members and include seclusion times in allocation**
- **All food and fluid, medication or clothes to be prepared 10 minutes prior to review.**

- Response team members to arrive 5 minutes prior to review to allow discussion of patient risks, history, rationale for seclusion and management and purpose of review. Bleep holders aim to arrive before this.
- If under extreme circumstances the review time is altered e.g. high risk incident or medic availability– it is everyone’s responsibility to alter allocation accordingly. After review inform response members of the next time for review and ask them to report back to NIC.
- No staff should be waiting for review to commence and collaboratively the team must enter seclusion on time

Cleaning and maintenance of the seclusion room

It is *responsibility of the ward that used seclusion to immediately clean the room to IPC standards after seclusion is terminated – see seclusion checklist for more detail of tasks required.* All equipment should be available in the seclusion area and *all resources used should be replenished by the ward.*

Once all bodily fluids have been removed the designated individual *can contact OCS to deep clean the area* – they will not clean bodily fluids. Also contact OCS to inform them that seclusion is no longer in use and they do not need hot food.

If medication is used from the emergency drug box inform Nile ward to order more medication in their blue stock book.

Report any maintenance issues to the bleep holder and report to CBRE.

Ensure all patient items are returned to ward and nothing left in seclusion.

If seclusion clothing is used during this seclusion period it is the ward’s responsibility to clean and return to seclusion once finished.

If there is consistent failure to meet these standards by a team or individuals it will be discussed in supervision and will become a performance management issue.